



IGE-SRH
Initiative for Gender Equality
& Sexual Reproductive Health



**A
POLICY ANALYSIS
REPORT
ON**

**THE NATIONAL POLICY ON THE
HEALTH AND DEVELOPMENT OF
ADOLESCENTS AND YOUNG
PEOPLE IN NIGERIA**

2021-2025

ACRONYMS

AYP	Adolescents and Young People
CEFM	Child, Early and Forced Marriage
FMoH	Federal Ministry of Health
HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information System
IGE-SRH	Initiative for Gender Equality and Sexual Reproductive Health
LBQTI	Lesbian, Bisexual, Queer, Transgender, Intersex
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
MHM	Menstrual Hygiene Management
NAHDTWG	National Adolescent Health and Development Technical Working Group
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-Based Violence
SMoH	State Ministry of Health
SRHR	Sexual Reproductive Health and Rights
SSMPA	Same Sex Marriage Prohibition Act.
STIs	Sexually Transmitted Infections
TIERS	The Initiative for Equal Rights

Table Of Contents

01

ACRONYMS 1

1.1 Background	3
1.2 Purpose of the Policy Analysis	4
1.3 Overview of LBQTI Rights and Issues in Nigeria	4
1.3.1 Social Stigma and Discrimination	5
1.3.2 Access to Comprehensive Healthcare	5

02

2..0 The National Policy on the Health and Development of Adolescents of Young People	8
2..1 Analysis of the policy's language, objectives, and provisions on LBQTI health and rights.	9
2..1.1 Policy Context and Rationale	9
2..1.2 Health Status and Risk Factors of Adolescents and Young People.	9
2..1.3 Policy Declarations and Guiding Principles	11
2..1.4 Programmatic Areas and Targets	11
2..1.5 Policy implementation	12
2..2 Implications of Policy Exclusion of LBQTI Adolescents and Young People	13

03

3.0 Recommendations	15
3.1 Policy Recommendations	15
3.2 Implementation recommendation	15

REFERENCES 17

INTRODUCTION

1.1 Background

Adolescents and Young People (AYP) make up about 31% of Nigeria's total population, with adolescents between the ages of 10-19 accounting for 22% of Nigeria's population and significantly impacting the country's health, social and economic demography [1]. This is due to the numerous challenges that adolescents and young people experience as they navigate through this critical transitional stage, which includes biological, psychological, cognitive, and social issues. This stage of development is often characterised by challenges that impede adolescents and young people's ability to attain education, health, and skills required to reach their full potential. Unfortunately, the unique needs and priorities of AYP are often not prioritised in policy formulation and implementation. The conditions are even worse for adolescent girls and young women who experience the double burden of age and gender discrimination and worst for Lesbian, Bisexual, Transgender, Queer (LBQT), adolescents and young people who experience trifold discrimination of age, gender and sexual orientation [2].

Adolescents and Young People (AYP) make up about 31% of Nigeria's total population, with adolescents between the ages of 10-19 accounting for 22% of Nigeria's population and significantly impacting the country's health, social and economic demography.

The Nigerian Government has made efforts to address developmental challenges experienced by adolescents and young people through the development of national policies targeting their needs and priorities. The first policy on adolescent health was developed in 1995 and was followed by the National Policy on the Health and Development of Adolescents and Young People in 2007. Given emerging national and global issues, a review of the policy was conducted in 2018, leading to the development of an updated policy in 2019 and its implementation plan. The policy is aimed at providing strategic guidance for enhancing the health and development of AYP while also revitalising national commitments and engagements among stakeholders towards achieving this goal.

Despite these commendable policy efforts, the health status of AYP in Nigeria in relation to global standards such as the Sustainable Development Goals (SDGs) indicators continues to deteriorate, with worse outcomes for vulnerable and marginalised groups, including LBQTI adolescents and young people. This is due to several factors, including discriminatory laws and socio-cultural beliefs that perpetuate the marginalisation of LBQTI young people in Nigeria, hence the non-recognition and exclusion of their needs and priorities in policies and practice.

To this effect, the Initiative for Gender Equality and Sexual Reproductive Health (IGE-SRH) is conducting a policy analysis of the National Policy on the Health and Development of Adolescents and Young People to identify the gaps in the policy with a focus on the inclusion and rights of LBQTI individuals within the policy framework. The analysis will further guide the development of policy recommendations towards improving the health and development of LBQTI adolescents and young people in Nigeria.

1. <https://www.afro.who.int/sites/default/files/2019-08/6%20Nigeria%20AH18052018.pdf>

2. Hidden healthcare populations: using intersectionality to theorise the experiences of LGBT+ people in Nigeria, Africa (researchgate.net)



1.2 PURPOSE OF THE POLICY ANALYSIS

The policy analysis aims to provide a comprehensive overview of the National Policy on the Health and Development of Adolescents and Young People in Nigeria, specifically focusing on LBQTI inclusion and rights. The analysis will serve as a tool for LBQTI persons and advocates, human rights organisations and policymakers to promote a more inclusive and equitable policy environment for LBQTI individuals in Nigeria.

The objectives of the policy analysis include:

- To assess the extent to which the National Policy on the Health and Development of Adolescents and Young People in Nigeria addresses the needs, priorities and rights of LBQTI individuals.
- To identify specific gaps, inconsistencies, or omissions in the policy that hinder the inclusion of LBQTI individuals.
- To recommend policy amendments and improvements to ensure the integration of LBQTI-inclusive interventions that recognise and promote the health, well-being, and rights of LBQTI adolescents and young people.

1.3 OVERVIEW OF LBQTI RIGHTS AND ISSUES IN NIGERIA

Access to comprehensive health and development services, especially Sexual Reproductive Health and Rights (SRHR) information and services, has been challenging for AYP in Nigeria. This is often due to the belief that access to SRHR information and services for young people would encourage them to engage in sexual activities which is culturally acceptable only in the confines of marriage.

Hence, AYP in Nigeria continue to be denied access to comprehensive Sexual Reproductive Health and Rights (SRHR) information and services, thereby increasing their vulnerability to teenage pregnancy, mental health issues, unsafe abortion and gender-based violence [3].

LBQTI adolescents and young people in Nigeria face worse challenges due to legal restrictions, social stigma, discrimination, and lack of access to essential services. These challenges have profound impact on their mental health, well-being, and overall quality of life. The landscape of LBQTI rights and issues in Nigeria remains complex and influenced by cultural, religious, legal, and socio-political factors [4].

Nigeria's legal frameworks, which are deeply rooted in cultural and religious beliefs, have contributed to a challenging environment for LBQTI individuals and organisations. While global attitudes to LBQTI rights are shifting, African countries, especially Nigeria, continue to remain apathetic towards LBQTI rights [5]. The enjoyment of the rights of LBQTI individuals remains a struggle, especially since the passage of the Same Sex Marriage Prohibition Act (SSMPA) in 2014 [6] which criminalises same sex relationships. Both state and non-state actors have utilised the SSMPA as a tool for institutionalising discrimination against LBQTI individuals in Nigeria [7] with the impact of the law worse in certain parts of Nigeria. For instance, in Northern states governed by Sharia law, homosexuality is punishable by severe penalties, including fines, imprisonment, and even death.

Culturally, Nigerian societies often adhere to conservative values, influenced by traditional practices and religious teachings [8]. Gender roles are typically defined within a binary framework, with expectations of heterosexuality and adherence to traditional family structures [9].

3. <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-024-01738-9>

4. <https://www.hrw.org/news/2014/01/14/nigeria-anti-lgbt-law-threatens-basic-rights>

5. <https://www.jstor.org/stable/10.18772/22021036512.6?seq=1>

6. <http://america.aljazeera.com/articles/2014/1/13/nigeria-signs-harshantigaybillintolaw.html>

7. <https://www.justice.gov/eoir/page/file/1342151/dl>

8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8739597/>

9. <https://www.alignplatform.org/3-gender-norms-and-lgbtqi-people>



These societal norms are deeply ingrained and often inform attitudes towards gender and sexuality.

Additionally, religion plays a significant role in Nigerian society, with Christianity and Islam being the dominant faiths. Both religions espouse teachings that emphasise heterosexual marriage and family values, contributing to a cultural context where deviations from these norms are often viewed with disapproval.

Against this backdrop, LBQTI individuals in Nigeria face significant challenges in asserting their rights and accessing essential services, including health care. The prevailing cultural and religious attitudes towards non-conformity contribute to widespread stigma and discrimination. LBQTI individuals often experience rejection from their families, communities, and religious institutions, leading to social isolation and marginalisation.

For LBQTI adolescents and young people, the situation is more challenging as their experiences are compounded by their dependent status on parents for feeding, accommodation, education and other basic needs.

1.3.1 SOCIAL STIGMA AND DISCRIMINATION

Social stigma and discrimination against LBQTI individuals in Nigeria constitute significant barriers to their full participation in society and access to essential services [10]. Rooted in traditional cultural beliefs and conservative religious teachings, these attitudes perpetuate marginalisation and create systemic barriers to social inclusion [11]. Studies have further shown that LBQTI+ individuals often face a higher level of discrimination and bias across various sectors of society due to their identities [12].

Discriminatory laws against LBQTI individuals have created an environment of fear and oppression, with the potential for significant legal repercussions for those who openly express their sexual orientation or gender identity [13].

Another significant challenge faced by the LBQTI community is the burden of acceptance and rejection. For instance, coming out as a non-conformist to the heterosexual belief in society can result in a wide range of adverse reactions from friends, family, and other members of society, leading to social isolation and psychological distress.

1.3.2 ACCESS TO COMPREHENSIVE HEALTHCARE

Access to comprehensive sexual and reproductive health services is a critical aspect of overall health and well-being for LBQTI individuals. However, societal stigma, discrimination, and legal barriers impede access to these essential services.

Hostility within healthcare settings towards LBQTI individuals has deterred them from seeking care due to fear of judgment or mistreatment from healthcare providers [14]. Moreover, the lack of LBQTI-affirming healthcare service means that many individuals do not have access to providers who are knowledgeable about their unique healthcare needs or can provide non-judgemental and supportive care.

For LBQTI adolescents and young people, the situation is more challenging as their experiences are compounded by their dependent status on parents for feeding, accommodation, education and other basic needs.

10. <https://www.americanprogress.org/article/discrimination-and-barriers-to-well-being-the-state-of-the-lgbtqi-community-in-2022/>

11. <https://www.bisialisimifoundation.org/wp-content/uploads/sites/51/2021/02/not-dancing-to-their-music-main-copy.pdf>

12. <https://theinitiativeforequalrights.org/wp-content/uploads/2023/03/SOCIAL-PERCEPTION-SURVEY-ON-LESBIAN-GAY-BISEXUAL-AND-TRANSGENDER-PERSONS-RIGHTS-IN-NIGERIA-1.pdf>

13. <https://theinitiativeforequalrights.org/wp-content/uploads/2019/12/2019-Human-Rights-Violations-Reports-Based-on-SOGI.pdf>

14. <https://openaccesspub.org/womens-reproductive-health/article/2070>

The lack of access to comprehensive sexual and reproductive health services contributes to health disparities among lesbian and Bisexual populations in Nigeria. These disparities include higher rates of sexually transmitted infections (STIs) and inadequate access to contraception and family planning services. A survey conducted by Bisi Alimi Foundation indicated that lesbians and bisexual women were treated differently by healthcare providers because of their sexual orientation, leading to a significant number of them deciding not to access healthcare services from facilities. Consequently, this contributed to mental health challenges among lesbian and bisexual women [15]. Intersections of legal restrictions, poverty, location, education, and disability may further affect what healthcare can be obtained or afforded, and in particular, it can harm overall well-being and pre-existing health conditions.

Transgender women have significantly higher odds of experiencing a violation of their right to privacy and confidentiality of medical records compared to individuals who identify as cisgender men or women [16]. Transgender women may also experience multiple barriers when attempting to access both routine and gender-related health services [17]. Barriers include refusal of care, harassment and violence, and a lack of competent medical providers. A report on transwomen in North Central Nigeria highlighted the infringing practices of healthcare professionals, such as physical and verbal abuse, extra waiting times, improper/refusal of care and invasion of privacy [18].

Additionally, most medical professionals lack the medical expertise to support the health needs of trans women. One of these needs is the prescription of gender-affirming hormone therapy [19]. Since few medical professionals in Nigeria are competent or willing to provide this kind of care, many trans

rely on the experiences of other community members and engage in self-medication.

For intersex individuals, violations occur with exposure to biomedical interventions, including hormonal treatment or surgery on minors to align their bodies with typical male/female sex characteristics, with complex challenges around the provision of informed consent [20]. These interventions may have lifelong consequences due to surgical scarring, the continuation of surgery into adulthood or the effects of trauma linked to surgery that combines with the emotional impact of discrimination and stigma. Evidence suggests that intersex individuals are more likely to report unfriendly experiences of accessing healthcare, including poor communication from health professionals and dissatisfaction with the treatment and care received. Health professionals often poorly understand the health needs of intersex individuals due to limited knowledge and understanding [21]. A study conducted by The Initiative for Equal Rights (TIERS) to understand the perception of access to health care by intersex individuals indicated dissatisfaction with the care received from the health care providers, which was characterised by lack of privacy and discriminatory treatment [22].

It was further stated that healthcare consultants arbitrarily used intersex individuals to make examples for their students or make a public show of their bodies.

In Kano State, the government performed forced surgeries on intersex persons and went further to state that they would still “fish out” more intersex persons to perform these invasive surgeries [23].

15. <https://www.bisialimifoundation.org/wp-content/uploads/sites/51/2021/02/not-dancing-to-their-music-main-copy.pdf>

16. <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08624-9#Sec18>

17. https://journals.lww.com/co-hivandaids/abstract/2014/03000/hiv_epidemics_among_transgender_women.10.aspx

18. https://www.transcript-open.de/pdf_chapter/bis%205399/9783839450826/9783839450826-007.pdf

19. https://www.transcript-open.de/pdf_chapter/bis%205399/9783839450826/9783839450826-007.pdf

20. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7559554/>

21. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6737757/>

22. https://theinitiativeforequalrights.org/wpcontent/uploads/2022/01/AN_EXPLORATORY_STUDY_ON_KNOWLEDGE_PRACTICES_OF_HEALTHCARE_PROFESSIONALS_AND_FAMILIES_OF_INTERSEX_PERSONS_IN_NIGERIA_Spread_-2-1.pdf

23. <https://ng.boell.org/en/2021/07/06/anyone-can-be-born-intersex-photo-portrait-story-intersex-nigeria>



2.0 The National Policy on the Health and Development of Adolescents of Young People

The National Policy on the Health and Development of Adolescents and Young People was developed to address the diverse health and development needs of adolescents and young people in Nigeria. AYP live in a constantly changing world, with increasing vulnerabilities to challenges such as public health pandemics, migration, conflict, and climate change, all of which are taking place against the backdrop of globalisation. Adolescents also experience several challenges with transitioning to adulthood, including managing issues better, addressing conflicts, processing emotions, understanding oneself, and interacting with others.

Therefore, the policy focuses on the development of AYP in their diversity between the ages of 10 and 24 to provide an enabling environment for improving AYP health and well-being while ensuring that responses to their needs are in tandem with present and emerging needs of AYP.

The policy was also developed in line with regional instruments that Nigeria is signatory to, such as the Africa Youth Charter and Maputo Protocol and international instruments, such as the International Conference on Population and Development Program of Action (ICPD PoA), Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) amongst others.

Vision

A healthy life and optimal development for all adolescents and young people in Nigeria and successful transition towards a healthy, active, productive, successful and fulfilled adulthood.

Mission

To provide stakeholders in the health and other relevant sectors with a comprehensive framework for effective harnessing of resources and programming for the optimal health well-being and development of all adolescents and young people in Nigeria.

2.1 Analysis of the policy's language, objectives, and LBQTI health and rights provisions.

2.1.1 Policy Context and Rationale

The policy rationale recognised that adolescents are not a homogenous group but a diverse group with differences based on sex, gender identity, sexual orientation, social status, ethnicity, religion, disability, and other factors. This recognition is crucial as it is a critical step for inclusion. The policy further accentuated the need to consider these factors in developing interventions addressing adolescents' and young people's health needs while also considering their development contexts.

Additionally, the policy emphasises that it aims to improve the health and development of AYP in their diversity so that their health rights are respected, protected, and fulfilled.

The policy's vision, "No adolescent or young person is left behind", further underscored its recognition of the differences in the experiences, levels of vulnerability, and hence the needs of diverse groups of AYPs and the importance of tailored interventions to meet those unique needs and priorities.

The policy also mentioned clearly that it aims to define interventions based on the identified differences, towards eliminating barriers hindering access to health, well-being services, and opportunities for any sub-group of AYP. Different categories of AYP were identified in the policy, especially vulnerable and marginalised AYP, including AYP with disabilities, AYP affected by displacement, younger adolescents, AYP with HIV and sexual minorities.

However, in the policy's categorisation of different groups of AYP, it did not mention LBQTI individuals but mentioned sexual minorities eight times. While using sexual minorities can be inclusive as it encompasses a broad range of identities and sexual orientations, it may lead to a lack of specificity in the policy and even exclusion as a result of generalisation. Additionally, different sexual minority groups have unique challenges, needs, and experiences that may be omitted due to the use of a generalised term.

2.1.2 Health Status and Risk Factors of Adolescents and Young People.

In the analysis of the levels of vulnerabilities of AYP, the policy recognises several factors that heighten AYP vulnerability to mental issues and identifies

stigma, discrimination, exclusion, or lack of quality support and services as triggering factors as experienced by sexual minorities. This is an essential recognition because LBQTI individuals have an increasing vulnerability to mental health issues because of the discrimination, rejection and violence experienced in their families, school, and community at large. However, there is a need for an expansive context on mental health issues experienced by LBQTI AYP. Studies have indicated that LBQTI individuals are at higher risk of experiencing mental health challenges, such as depression, chronic stress as a result of hiding of identity, anxiety, and suicidal tendencies, due to societal stigma, discrimination, and rejection [24].

Worse still, LBQTI individuals who require mental health care and are not yet open about their identities may find it more difficult in this context to continue to hide their identities. Also, considering that interactions with health care providers are often dissatisfactory, this may worsen their mental health status [25].

On violence and injuries, the policy emphasised collective violence due to insurgency and farmers-herdsmen crisis, intentional and unintentional injuries among AYP. Intentional violence, which constitutes physical, sexual and psychological violence, was not expatiated. Hence, there was no analysis of the forms of violence that AYP often experience primarily based on gender. More so, violence experienced by AYP based on other factors such as age, sexual orientation, and disability was not described. Studies and evidence from programmes have indicated that LBQTI individuals are often victims of conversion practices, physical violence, forced marriage and "corrective" rape, usually arranged by their families [26].

24. Homophobia in Nigerian schools and universities: Victimization, Mental Health Issues, Resilience of the LGBT Students and support from Straight Allies. A Literature review: Journal of LGBT Youth: Vol 18, No 4 – Get Access (tandfonline.com)

25. Hidden healthcare populations: using intersectionality to theorise the experiences of LGBT+ people in Nigeria, Africa (researchgate.net)

26. FINAL-An-Inclusive-Study-on-Violence-Against-Women-in-Nigeria_ADJUSTED_Page-1.pdf (theinitiativeforequalrights.org)

The policy presented the Sexual Reproductive Health and Rights (SRHR) of AYP from a generalised perspective and described the challenges from a binary perspective. For instance, data on issues around Menstrual Hygiene Management (MHM) focused on only girls. Hence excluding intersex AYP.

Additionally, on Child, Early and Forced Marriage (CEFM), the policy focused on early marriage. However, studies have indicated that LBQTI individuals are often forced into marriage by parents and other family members as a measure to “correct” their sexual orientation [27].

A description of sexual minorities was first included in the policy under Sexually Transmitted Infections/HIV risks experienced by AYP where sexual minorities were referred to as LBQTI adolescents and young people. This is common practice such that programmes on the health of Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQI) individuals in Nigeria have focused primarily on HIV and other sexually transmitted infections [28]. The policy further described sexual minorities and key populations in Nigeria as having higher risk of HIV and other STIs compared to other populations in Nigeria. The primary reason being highlighted as the cause of this higher prevalence of risky sexual behaviours. This is problematic because this narratives reinforces harmful stereotypes and stigmatises LBQTI individuals by associating Sexual Orientation, Gender Identity and Expression, and Sex Characteristics primarily with health risks and, in this case, HIV and other STIs. Health disparities within LBQTI communities should be addressed through inclusive and evidence-based approaches that promote dignity, respect, and equality for all individuals and not exacerbate existing inequalities.

Regarding factors associated with the health status of AYP, the policy recognises the role of gender and social norms as health determinants. The policy re-affirms that sexual orientation is a huge factor in health inequalities, with LBQTI individuals experiencing continuous difficulty in accessing friendly healthcare services, especially sexual reproductive health services. This is mainly due to Same Sex Marriage Prohibition Act in Nigeria, discriminatory attitudes of health care providers and firm cultural resistance. The policy further described that on the health of LBQTI individuals is rare, and few focused on AYP LBQTI individuals. This gaps needs to be filled through engagement with LBQTI individuals and organisations in the next policy review.

Additionally, the issues affecting young people were not analysed with an intersectionality lens. Each group is seen as completely separate when, in reality, AYP experience multiple and intersecting issues. How does the policy support AYP who have overlapping identities and experiences? For instance, how does the policy support AYP who are affected by displacement, have a disability, and are LBQTI?

2.1.3 Policy Declarations and Guiding Principles

Provisions in the guiding principles of the policy are analysed below:

Rights-Based Approach– the policy acknowledges that all young people in Nigeria, without exceptions whatsoever, have inalienable rights to protection, information, quality health services, education and development opportunities, all of which contribute to their optimal health and development.

Diversity– The policy re-affirms that different levels of vulnerabilities are peculiar to different groups and

27. FINAL-An-Inclusive-Study-on-Violence-Against-Women-in-Nigeria_ADJUSTED_Page-1.pdf (theinitiativeforequalrights.org)

28. https://www.researchgate.net/publication/358281450_HEALTH_CARE_EXPERIENCES_OF_LGBT_PEOPLE_IN_NIGERIA_TRAININGS_BELIEFS_AND_PRACTICES_OF_HEALTHCARE_STUDENTS_AND_PROVIDERS



that AYPs with heightened vulnerabilities, including sexual minorities, should be provided targeted attention to ensure that interventions are responding to their unique needs.

Gender equity and Responsiveness- in the description of this principle, the policy recognises sex and gender as a binary, as seen in its description below, thereby completely excluding transgender and intersex AYP.

...all young people-males and females have equal rights to health and development and to participate in their own and the society's development, in the spirit of justice, equity and fair play....

2.1.4 Programmatic Areas and Targets

The policy recommends eight priority programmatic areas, including mental health, violence and injury, SRHR, nutrition and physical activity, non-communicable diseases, communicable diseases, disabilities, and oral health.

The programmatic areas provide the focus for the implementation of the policy. In the description of the priority areas, the programmatic description of the SRHR priority focused primarily on heterosexual reproductive health concerns and traditional gender norms, neglecting the diverse health needs and rights of LBQTI adolescents and young people. It assumed a heteronormative perspective and overlooked the experiences and challenges faced by LBQTI adolescents and young people, such as struggles with

acceptance and internalised homophobia, hormonal variations experienced by intersex AYP, body image issues, lack of health information and support on unique health needs, and poor access to affirming health care services. This gap is further accentuated in the targets developed in the policy for SRHR programmes. While the policy mentioned in the programme target to focus on comprehensive sexuality education for AYP, in the indicators developed do not align. Find the analysis of indicators below:

Indicator (i) focuses on school-based family life and HIV/AIDS education, which, as we know, is not comprehensive as the content does not include SRHR information for LBQTI adolescents and young people. Without the inclusion of LBQTI-specific information, AYP may not receive comprehensive and relevant SRHR education.

Indicator (iii) focuses on increasing knowledge about menstruation and menstrual hygiene management for early adolescents, but it does not explicitly consider the needs of intersex individuals who may have variations in reproductive anatomy or experiences related to menstruation. Inclusive education should encompass a broader understanding of diverse experiences.

Indicators (vi) to (viii) focus on sexual activity, contraception, and sexually transmitted infections but do not specifically address the SRHR needs of LBQTI adolescents. LBQTI individuals may have specific concerns related to sexual health practices, contraception, and STI prevention that are not adequately addressed in these indicators.

2.1.5 Policy Implementation

The policy's implementation component outlines the critical roles and responsibilities of different stakeholders at the Federal, State, Local, and community levels. The Federal Ministry of Health (FMoH) provides the overall strategic direction and technical guide for this policy's implementation.

Whereas the responsibilities outlined demonstrate a commitment to addressing adolescent and young people's health and development, several areas remain where the SRHR needs of LBQTI adolescents and young people still need to be fully considered. The responsibilities mention integrating young people's health issues into policies. However, there needs to be more explicit mention of the specific SRHR needs of LBQTI individuals to be considered.

While there is a focus on supporting the functioning of health divisions and units, there is a need for targeted capacity strengthening of service providers on LBQTI health issues. This could include training health workers on providing culturally competent and inclusive care to LBQTI individuals.

Additionally, even though there is mention of promoting adolescent/youth-friendly health services, there may be gaps in ensuring that these services are inclusive and responsive to the needs of LBQTI adolescents and young people. Therefore, inclusion in framing remains important to ensure that services are non-discriminatory and provide appropriate care to all individuals, regardless of sexual orientation or gender identity.

2.2 Implications of Policy Exclusion of LBQTI Adolescents and Young People

The exclusion of LBQTI adolescents and Young People in policies, in this case, can have significant implications, both for individuals and for public health outcomes as a whole.

Health inequalities: Studies have indicated that LBQTI individuals experience worse health outcomes than heterosexuals with a higher prevalence of mental health disorders, including self-harming behaviours, substance abuse, suicidal ideation and poor health-seeking behaviours [29][30]. Exclusion of LBQTI individuals in the National Policy on the Health and Development of AYP can exacerbate existing health disparities experienced by LBQTI individuals. These disparities will likely persist or worsen without targeted interventions and support, culminating in further marginalisation.

As with many policies, the National Policy on the Health and Development of AYPs is general, and in its provisions utilise “all adolescents and young” in its language. However, this does not suffice, as it does not explicitly address the specific needs of LBQTI AYP, who are more likely to be victims of societal prejudice, stigma and discrimination. With implicit bias in the policy, exclusion in implementation is paramount, especially for LBQTI individuals and other vulnerable groups who may require standards of care for service provision.

Stigma and Discrimination: The exclusion of LBQTI individuals in the national policy can perpetuate stigma and discrimination, both within healthcare settings and in society at large. This can contribute to

29. <https://www.sciencedirect.com/science/article/pii/S0091743517302141>

30. Health disparities among lesbian, gay, and bisexual older adults: results from a population-based study - PubMed (nih.gov)

31. Structural stigma and sexual orientation disparities in healthcare use: Evidence from Australian Census-linked-administrative data - ScienceDirect



2.1.5 Policy Implementation

The policy's implementation component outlines the critical roles and responsibilities of different stakeholders at the Federal, State, Local, and community levels. The Federal Ministry of Health (FMoH) provides the overall strategic direction and technical guide for this policy's implementation.

Whereas the responsibilities outlined demonstrate a commitment to addressing adolescent and young people's health and development, several areas remain where the SRHR needs of LBQTI adolescents and young people still need to be fully considered. The responsibilities mention integrating young people's health issues into policies. However, there needs to be more explicit mention of the specific SRHR needs of LBQTI individuals to be considered.

While there is a focus on supporting the functioning of health divisions and units, there is a need for targeted capacity strengthening of service providers on LBQTI health issues. This could include training health workers on providing culturally competent and inclusive care to LBQTI individuals.

Additionally, even though there is mention of promoting adolescent/youth-friendly health services, there may be gaps in ensuring that these services are inclusive and responsive to the needs of LBQTI adolescents and young people. Therefore, inclusion in framing remains important to ensure that services are non-discriminatory and provide appropriate care to all individuals, regardless of sexual orientation or gender identity.

2.2 Implications of Policy Exclusion of LBQTI Adolescents and Young People

The exclusion of LBQTI adolescents and Young People in policies, in this case, can have significant implications, both for individuals and for public health outcomes as a whole.

Health inequalities: Studies have indicated that LBQTI individuals experience worse health outcomes than heterosexuals with a higher prevalence of mental health disorders, including self-harming behaviours, substance abuse, suicidal ideation and poor health-seeking behaviours [29][30]. Exclusion of LBQTI individuals in the National Policy on the Health and Development of AYP can exacerbate existing health disparities experienced by LBQTI individuals. These disparities will likely persist or worsen without targeted interventions and support, culminating in further marginalisation.

As with many policies, the National Policy on the Health and Development of AYPs is general, and in its provisions utilise “all adolescents and young” in its language. However, this does not suffice, as it does not explicitly address the specific needs of LBQTI AYP, who are more likely to be victims of societal prejudice, stigma and discrimination. With implicit bias in the policy, exclusion in implementation is paramount, especially for LBQTI individuals and other vulnerable groups who may require standards of care for service provision.

Stigma and Discrimination: The exclusion of LBQTI individuals in the national policy can perpetuate stigma and discrimination, both within healthcare settings and in society at large. This can contribute to

29. <https://www.sciencedirect.com/science/article/pii/S0091743517302141>

30. Health disparities among lesbian, gay, and bisexual older adults: results from a population-based study - PubMed (nih.gov)



aversion among LBQTI AYP to seek healthcare services, leading to delayed diagnosis and treatment of health issues. Studies have indicated that LBQTI individuals experiencing discrimination within the health care system or society are less likely to seek health care [31].

Barriers to Access to Healthcare Services: The SSMPA has been a huge barrier to access to healthcare for LBQTI individuals as it has been used as the instrument for denial of healthcare services for LBQTI individuals by healthcare providers. This criminalisation also perpetuates a culture of fear, stigma, and discrimination. Therefore, exclusion of LBQTI individuals from the National Health Policy on the Health and Development of AYPs will further reinforce inequality and strengthen the existing barriers posed by the SSMPA to accessing appropriate and affirming healthcare services for LBQTI individuals. Without clear recognition and inclusion of LBQTI AYP health needs and rights in the policy, discrimination from healthcare providers, lack of quality care, and challenges in accessing friendly SRHR services will persist.

Adverse Health Outcomes: LBQTI adolescents and young people are already experiencing poor access to and under-utilization of healthcare services as a result of fear due to widespread and persistent individual and systemic discrimination against them. The lack of inclusion in health policies can worsen this situation and lead to adverse health outcomes for LBQTI individuals, including higher rates of unmanaged mental health conditions, increased risk of HIV and other STIs, and increased rates of suicide and self-harm. These outcomes can significantly impact the overall well-being and quality of life of LBQTI communities.

Studies have indicated that LBQTI individuals experiencing discrimination within the healthcare system or society are less likely to seek health care.

Human Rights Violations: The healthcare system in Nigeria is cis/heteronormative. Therefore, healthcare providers develop implicit bias in response to societal and institutional conditions. Patients who are perceived to be different from the norm are likely to experience discrimination. Exclusion from health policies will further perpetuate violations of the human rights of LBQTI individuals, including infringement on the right to non-discrimination, the right to health, and the right to privacy, as seen in instances where LBQTI individuals are turned away by providers [32] and even receive threats to be reported to law enforcement agents [33].

32. https://www.heartlandalliance.org/gjhr/wp-content/uploads/sites/12/2016/02/achpr_nigeria.pdf

33. https://www.researchgate.net/publication/347460829_Hidden_healthcare_populations_using_intersectionality_to_theorise_the_experiences_of_LGBT_people_in_Nigeria_Africa

31. Structural stigma and sexual orientation disparities in healthcare use: Evidence from Australian Census-linked-administrative data - ScienceDirect



3.0 Recommendations

3.1 Policy Recommendations

- Policymakers have a responsibility to ensure that health policies uphold the rights of all individuals, regardless of sexual orientation or gender identity. Therefore, the National Policy on the Health and Development of Adolescents and Young People should be reviewed to specifically include LBQTI individuals' health and development needs, as well as rights.
- There should be a comprehensive analysis of the current status and emerging issues affecting LBQTI adolescents and young people to gather extensive data on the health of LBQTI individuals. Context-specific data to guide interventions for LBQTI individuals should be generated in line with WHO recommendations.
- The Federal Ministry of Health and State Ministries of Health (SMoH) should ensure budgetary allocations and resources that target the specific needs of LBQTI individuals in the implementation of the National Policy on the Health and Development of Adolescents and Young People.
- Ensure meaningful engagement of AYP in their diversity, including LBQTI individuals in the consultations leading to the policy review, to ensure that the voices and priorities of all AYP are included in the policy.

- Foster partnership and engagement with LBQTI organisations and communities by ensuring representation in the National Adolescent Health and Development Technical Working Group (NAHDTWG) to ensure that voices and needs of LBQTI needs are addressed in the development of the policy.

3.2 Implementation recommendation

- Ensure the availability and access to youth-friendly health services in primary healthcare facilities with guidelines on high-quality and friendly LBQTI focused services.
- Ensure meaningful participation of young people in all their diversity, including LBQTI adolescents and young people, in the implementation, monitoring and evaluation of the policy.
- FMoH and SMoH should prioritize and ensure capacity building of health care providers on the unique health needs of LBQTI individuals, and providing inclusive and friendly health care services to LBQTI individuals to ensure that their needs are adequately met, and they feel safe in accessing services.
- Implement comprehensive sexuality education programmes in school, ensuring it is inclusive of SRHR information for LBQTI individuals.
- Regularly collect, and disseminate relevant data on AYP health services and issues in an age and gender-disaggregated form to ensure that data is inclusive of LBQTI individuals.

REFERENCES

Ajayi CE, Chantler K, Radford L. (2021) The Role of Cultural Beliefs, Norms, and Practices in Nigerian Women's Experiences of Sexual Abuse and Violence. *Violence Against Women*. 2022 Feb;28(2):465-486. doi: 10.1177/10778012211000134. Epub Apr 5. PMID: 33818214; PMCID: PMC8739597.

Akanle, O., Adejare, G. S., Fasuyi, J. (2021). To What Extent are We All Humans? Of Culture, Politics, Law And LGBT Rights in Nigeria. In M. STEYN & W. MPOFU (Eds.), *Decolonising the Human: Reflections from Africa on difference and oppression* (pp. 46-64). Wits University Press. <https://doi.org/10.18772/22021036512.6>

Amadi J.C (2024) Reaching the In(Invisible): Addressing Barriers to Sexual Reproductive Healthcare of Lesbians, Bisexual Women and Sex Workers in Rivers State, Nigeria. *Journal of Woman's Reproductive Health* - 3(1):43-47. <https://doi.org/10.14302/issn.2381-862X.jwrh-24-4918>

Bisi Alimi Foundation. (2017) "Not dancing to their music": The Effects of Homophobia, Biphobia and Transphobia on the lives of LGBT people in Nigeria.

Browne, E. (2019). Gender norms, LGBTQI issues and development: a topic guide. *ALIGN*, 10, 1-34.
Discrimination and Barriers to Well-Being: The State of the LGBTQI+ Community in (2022):www.americanprogress.org/article/discrimination-and-barriers-to-well-being-the-state-of-the-lgbtqi-community-in-2022/

Folayan, M.O., Stevens-Murphy, E.J., Nwakamma, I. et al. (2022) Whose rights are being violated when receiving HIV and sexual and reproductive health services in Nigeria?. *BMC Health Serv Res* 22, 1444. <https://doi.org/10.1186/s12913-022-08624-9>

Kombol, M. A. V. (2022). Determinants of Access to Healthcare Among Trans Women in North Central Nigeria. *Trans Health*, 81.

Fredriksen-Goldsen K.I., Kim H.J., Barkan S.E., Muraco A., Hoy-Ellis C.P. (2013) Health disparities among lesbian, gay, and bisexual older adults: results from a population-based study. *Am J Public Health*. Oct;103(10):1802-9. doi: 10.2105/AJPH.2012.301110. Epub Jun 13. PMID: 23763391; PMCID: PMC3770805.

Nigeria: Anti-LGBT Law Threatens Basic Rights. (2014). Human Rights Watch. Retrieved April 23, 2024, from <https://www.hrw.org/news/2014/01/14/nigeria-anti-lgbt-law-threatens-basic-rights>

Al Jazeera (2014) Nigeria signs harsh anti-gay bill into law. Al Jazeera. Retrieved April 23, 2024, <http://america.aljazeera.com/articles/2014/1/13/nigeria-signs-harshantigaybillintolaw.html>

Okanlawon, K. (2020). Homophobia in Nigerian schools and universities: Victimization, mental health issues, resilience of the LGBT students and support from straight Allies. A literature review. *Journal of LGBT Youth*, 1–33. <https://doi.org/10.1080/19361653.2020.1749211>

Pillay S., Ntetmen J., Nel J. (2022) Queering global health: an urgent call for LGBT+ affirmative practices. *Lancet Glob Health* 2022; 10: e574–78. [https://doi.org/10.1016/S2214-109X\(22\)00001-8](https://doi.org/10.1016/S2214-109X(22)00001-8)

Poteat, Toniaa; Reisner, Sari L.b,c; Radix, Anitad. (2014) HIV epidemics among transgender women. *Current Opinion in HIV and AIDS* 9(2):p 168–173. I DOI: 10.1097/COH.0000000000000030

Sekoni A., Jolly K., Gale N. (2020) Hidden healthcare populations: using intersectionality to theorise the experiences of LGBT+ people in Nigeria, Africa

Sherriff N., Zeeman L., McGlynn N., Pinto N., Hugendubel K., Mirandola M., Gios L., Davis R., Donisi V., Farinella F., Amaddeo F., Costongs C., Browne K. (2019) Health4LGBTI Network. Co-producing knowledge of lesbian, gay, bisexual, trans and intersex (LGBTI) health-care inequalities via rapid reviews of grey literature in 27 EU Member States. *Health Expect.* Aug;22(4):688–700. doi: 10.1111/hex.12934. Epub 2019 Jun 22. PMID: 31228361; PMCID: PMC6737757.

The Initiative for Equal Rights. (2023) “Report: Social Perception Survey on Lesbian, Gay, Bisexual and Transgender Person Rights in Nigeria” <https://theinitiativeforequalrights.org/wp-content/uploads/2023/03/SOCIAL-PERCEPTION-SURVEY-ON-LESBIAN-GAY-BISEXUAL-AND-TRANSGENDER-PERSONS-RIGHTS-IN-NIGERIA-1.pdf>

The Initiative for Equal Rights. (2021) “Report: Human Rights Violations Based on Real or Perceived Sexual Orientation, Gender Identity/Expression and Sex Characteristics,” <https://theinitiativeforequalrights.org/wp-content/uploads/2022/01/2021-Human-Rights-Violations-Report.pdf>.

The Initiative for Equal Rights (2022) “An Exploratory Study On Knowledge Practices Of Healthcare Professionals And Families Of Intersex Persons In Nigeria” https://theinitiativeforequalrights.org/wpcontent/uploads/2022/01/AN_EXPLORATORY_STUDY_ON_KNOWLEDGE_PRACTICES_OF_HEALTHCARE_PROFESSIONALS_AND_FAMILIES_OF_INTERSEX_PERSONS_IN_NIGERIA_Spread_-2-1.pdf

World Health Organisation (2018). Adolescent Health in Nigeria. <https://www.afro.who.int/sites/default/files/2019-08/6%20Nigeria%20AH1852018.pdf>

Zeeman L, Aranda K. A (2020) Systematic Review of the Health and Healthcare Inequalities for People with Intersex Variance. *Int J Environ Res Public Health*. Sep8;17(18):6533. doi:10.3390/ijerph1786533. PMID: 32911732; PMCID: PMC7559554.