

DESK REVIEW REPORT ON THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) NEEDS OF LBQ+ WOMEN AND SEX WORKERS IN NIGERIA

INTRODUCTION

Globally, there have been remarkable positive shifts enabling the respect of LGBTQ+ human rights in some parts of the world through adjustment of policies and laws ensuring inclusivity across sectors of the society. However, in Africa, the attitude towards the LGBTQ+ community has remained lethargic, with Nigeria at the forefront of inhumane treatment and discriminating laws (Akanle, 2021).

The Nigerian reaction to the LGBTQ+ community is deeply rooted in a religious and acclaimed morality standpoint. Most of the populace use the lens of religion and self-described morality to view the community, which results to a divide that is fiercely against members of the community or a part of the population that is neutral and does not bat an eyelid in support of the community (Abutu, 2023). The Nigerian government has jail terms declared in its laws as a punishment for anyone who openly identifies as a member of the community (Abutu, 2021). Explaining further, Abutu noted that the legitimisation of the discrimination of the LGBTQ+ community only led to increased injustice, insecurity, exclusion and denial of the rights of members of the LGBTQ+ community in Nigeria, and this spreads across all sectors in the country, including key priorities like the healthcare sector, and has led to gaps in the sexual and reproductive health and rights, especially for LBQT+ persons.

Analysis and Report on SRHR Needs for LBQ individual and Sex workers

Speaking in an interview with Hivos, the co-founder of Women Initiative for Sustainable Empowerment and Equality (WISE), Nnedinma Ulanma (2023), noted that the Sexual and Reproductive Health Rights (SRHR) needs of LBQ+ women are quite different from that of the general population and the discrimination as a result of the existing legal and socially homophobic environment makes it worse. The situation is not different for sex workers; according to Omokanye et al. (2014), condemnation, stigmatisation and unclear legal frameworks of sex work in Nigeria has impacted the poor access to SRHR services and the neglect of the SRHR rights of sex workers.

It is on this premise that Global Women's Health Rights and Empowerment Initiative (GWHREI) conducted a field survey in six states in Nigeria – Akwa Ibom, Anambra, Kano, Kebbi, Kogi and Ogun states, with the aim of identifying the SRHR needs of LBQ+ women and female sex workers. The data for this study was gathered using Google Docs, to ensure anonymity and accurate information. The study was purposed to achieve the following objectives:

- Assess the SRHR needs of LBQ+ women and female sex workers.
- Identify barriers to assessing SRHR services by LBQ+ women and female sex workers.
- Assess the possible ways to best provide LBQ+ women and female sex workers with their SRHR needs.



This report has two sections: Section A: Demographic data.

Section B is divided into different subheadings: SRHR Needs of LBQ+ Women/Sex Workers, Barriers to Assessing SRHR Services by LBQ+ Women/Sex Worker, and Possible Ways to best Provide LBQ+ Women/Sex Workers with their SRHR Needs Demographic Data

A total number of 73 participants were involved in this study; they answered the survey questions through the Google Doc provided. The demographic attributes of these participants will be presented in this section.



DESK REVIEW REPORT ON THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) NEEDS OF LGB+ WOMEN AND SEX WORKERS IN NIGERIA

Analysis and Report on SRHR Needs for LGB individual and Sex workers



Table 1: Distribution of study participants based on identity

Identity	Percentage (Number)
Sex Workers	54.8% (40)
LGB+ Women	45.2% (33)
Total	100% (73)

Table 2: Distribution of participants based on age

Age (years)	Percentage
15-29	52.1%
30-44	46.6%
45+	1.3%

Table 3: Distribution of participants based on their sexual orientation

Sexual Orientation	Percentage
Lesbian	17.8%
Bisexual	30.1%
Queer	9.6%
Straight	24.7%
Gay	8.2%
Others	9.6%

Table 4: Distribution of participants based on their gender identity

Gender Identity	Percentage
CIS-Male	11%
CIS-Female	50.7%
Non-binary	-
Gender Queer/Gender Fluid	13.7%
Transgender Female	-
Transgender Male	-
Others	-

Table 5: Distribution of participants based on religion

Religion	Percentage
Christianity	84.9%
Islam	11%
African Traditional Religion	4.1%

Table 6: Distribution of participants based on educational status

Educational Status	Percentage
SSCE	23.3%
OND	16.4%
HND	13.7%
Bachelors Degree	34.2%

From the demographic information presented in Table 1 – Table 6, it is shown that a total of 73 respondents participated in this study, of which 40 are sex workers and 33 are LGB+ women. Most of the participants are below 30 years as 52.1% of the population are between 15-29 years old. Bisexual women account for the highest number of participants (30.1%) based on sexual orientation and based on gender identity, 50.7% of the population are CIS females. A larger percentage of the population (84.9%) are Christians and on education basis, most (34.2%) have attained the level of university degree.

SECTION B

This section is divided into three subheadings, and the subheadings are aligned with the objectives of this study. The findings gathered in this study are thematically analysed and presented under each subheading.

SRHR Needs of LGB+ Women/Sex Workers

From the responses of the participants on the identified SRHR needs of LGB+ women and sex workers, four themes emerged, and twelve subthemes were identified under these themes.



DESK REVIEW REPORT ON THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SHRH) NEEDS OF LBQ+ WOMEN AND SEX WORKERS IN NIGERIA

Analysis and Report on SRHR Needs for LBQ individual and Sex workers



Table 7: SRHR Needs of LBQ+ Women/Sex Workers

Themes
Subthemes
Knowledge of and Access to SHRH
·Poor knowledge of SHRH
·Access to comprehensive sexual education
·Regular gynaecology checkups
Contraceptives and Safe Abortion
·Limited access to contraceptives
·Difficulty accessing safe abortion
·Poor knowledge about safe abortion, contraceptives and family planning
Discrimination and Violence
·Discrimination
·Violence and harassment prevention
·Stigmatisation
Healthcare Support
·Gender-affirming healthcare
·Mental health and psychosocial support
·Prevention and treatment of sexually transmitted infections (STIs)

From the data collected, only 32.9% of the respondents have adequate knowledge of SRHR, about 49.3% are fairly knowledgeable about SRHR. 30.1% of the total respondents were aware of their rights regarding SRHR but 34.2% are unaware of their rights regarding SRHR, and 50.7% of the respondents are unaware of available service and support for their population. The data gathered shows that there is a low level of the knowledge of available SRHR services and limited access to these services. However, being aware and knowledgeable haven't erased other needs like discrimination and violence, limited access to contraceptives and safe abortion and tailored healthcare support for LBQ+ women and sex workers as 35.6% of respondents identified that they have been discriminated against while using healthcare facilities.

While all the identified needs were considered to a reasonable percentage as needs and concerns that affect this population, some needs stand out with the record of persons that identified with them. These needs are poor access to comprehensive sexual education (76.7%), prevention and treatment of STIs (86.3%), mental health and psychosocial support (72.6%), violence and discrimination (68.5%), and stigmatisation (76.7%). While all the SRHR needs of this population are all important, the listed ones require urgent attention because of the high percentage of respondents who identified these needs as one that concerns them.

Barriers to Assessing SRHR Services by LBQ+ Women/Sex Workers

Respondents were asked to identify with a list of barriers that have prevented them from assessing SRHR services, and from the analysis of their responses

Table 8: Barriers to assessing SRHR services by LBQ+ women/sex workers

Themes
Subthemes
Knowledge
·Lack of awareness of available services
·Lack of comprehensive information about SRHR
Healthcare Providers
·Stigma and discrimination from healthcare providers
·Fear of confidentiality breaches
Socio-economic Factors
·Cost and financial constraints
·Geographical distance to healthcare facilities
·Legal restrictions or discriminatory policies
·Cultural or religious beliefs
·Fear of judgement from society
·Fear of harassment
·Lack of LBQ+ women/sex workers friendly services



DESK REVIEW REPORT ON THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) NEEDS OF LBQ+ WOMEN AND SEX WORKERS IN NIGERIA

57.5% of the respondents noted that they have experienced limited access to SRHR services due to one barrier or the other. From the responses, lack of awareness of available services (60.3%), stigma and discrimination from healthcare providers (74%), fear of confidentiality breaches (76.7%), cost and financial constraints (60.3%), fear of judgement from society (65.8%), fear of harassment (50.7%), and lack of LBQ+ women/sex workers friendly services (54.8%), are the barriers that were mostly identified by the participants.

Possible Ways to best Provide LBQ+ Women/Sex Workers with their SRHR Needs

Varying suggestions were made, and respondents were asked to identify the possible way that they can best be provided with their SRHR Needs, the responses of participants were thematically analysed, and three themes emerged, with ten subthemes in total.

Table 9: Possible ways to best provide SRHR needs to LBQ+ women/sex workers.

Themes

Subthemes

Training

·Sensitivity and inclusivity training

·Community education

Protection

·Legal advocacy

·Confidentiality assurance

·Safe reporting mechanisms

Support

·Media and awareness campaigns

·Multilingual sensitive and human rights-based services.

·Peer Support

·Subsidized or free services

·Community health outcomes

Analysis and Report on SRHR Needs for LBQ individual and Sex workers

All the suggested possible ways to help provide the SRHR needs of LBQ+ women and sex workers were mostly identified as possible solutions, however, sensitivity and inclusivity training (83.6%), community education (80.8%), confidentiality assurance (79.5%), media and awareness campaigns (68.5%), peer support (67.1%), and community health outreaches (71.2%), received the most attention from respondents.

Conclusion

Access to SRHR services is one of the Sustainable Development Goals (SDGs), hence, the deprivation of any group of individuals in a nation impacts the health goals of the nation negatively. In a blog post by PSI (2022), they identify inclusivity as key to achieving universal access to SRHR services, explaining further that whatever SRHR services are made available for some, should be made available for all, making sure to consider all needs. It is therefore necessary that to achieve universal health in Nigeria, every citizen's SRHR needs have to be met. However, in the case of LBQ+ women and female sex workers, the country's legal frameworks make it difficult for these groups of the population to access the necessary SRHR services. The findings of this study align with that of the study carried out in Africa by Richter and Buthelezi (2021), they identified poor treatment, bribery to obtain services or treatment, discrimination, stigmatisation, and poor treatment by healthcare workers, humiliation by healthcare workers, and breach of confidence as the barriers that sex workers faced. Fear of stigma and discrimination from healthcare providers and society which was identified in this study as a barrier to accessing SRHR services aligns with the words of Nnedinma, who noted that LBQ women, for the fear of discrimination from society and healthcare provider, do not reveal their physical and mental health struggle, and for fear of confidence breach, they also do not tell their healthcare provider about their sexuality, thereby making them miss out on tailored treatment.



The findings of this study has revealed that it is imperative for healthcare providers, advocacy groups, and policy makers to look into the intricacies of the needs of this key population and develop targeted interventions that is not only focused on providing the SRHR needs of this key population but providing solutions for the systemic barriers in the healthcare facilities, society and governmental framework that has contributed to the denial of the SRHR rights of LBQ+ women and female sex workers in Nigeria, as it is only through concerted efforts and a commitment to inclusivity that the nation can make meaningful progress in achieving universal healthcare and fulfilling the outlined SDGs.



DESK REVIEW REPORT ON THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SHRH) NEEDS OF LBO+ WOMEN AND SEX WORKERS IN NIGERIA

REFERENCES

- Abutu, V. (2023, June 1). THE LAW AGAINST HUMAN RIGHTS: LGBTQ and sexual reproductive health and rights - the discussion we need to. Youth Network for Community and Sustainable Development. <https://yncsd.org/blog-stories/the-law-against-human-rights-lgbtq-and-sexual-reproductive-health-and-rights-the-discussion-we-need-to-have/>
- Àkànle, O., Adejare, G. S., & Fasuyi, J. (2021). TO WHAT EXTENT ARE WE ALL HUMANS? OF CULTURE, POLITICS, LAW AND LGBT RIGHTS IN NIGERIA. In Wits University Press eBooks (pp. 46–64). <https://doi.org/10.18772/22021036512.6>
- Nigeria: Expanding access to sexual and reproductive health services and rights to Vulnerable Populations: PSI. (2022, December 8). PSI. <https://www.psi.org/news/nigeria-expanding-access-to-sexual-and-reproductive-health-services-and-rights-to-vulnerable-populations/>
- Omokanye, L. O., Salaudeen, A., & As, Y. (2014). Reproductive health problems and health seeking behavior of female sex workers in Sabon Gari Local Government Area, Zaria, Nigeria. *Sahel Medical Journal*, 17(1), 23. <https://doi.org/10.4103/1118-8561.129150>
- Richter, M., & Buthelezi, K. (2021). Stigma, Denial of Health Services, and Other Human Rights Violations Faced by Sex Workers in Africa: “My Eyes Were Full of Tears Throughout Walking Towards the Clinic that I Was Referred to.” In Springer eBooks (pp. 141–152). https://doi.org/10.1007/978-3-030-64171-9_8
- Schleedoorn, M. (2023, July 31). The WISE women of Nigeria. Hivos. <https://hivos.org/the-wise-women-of-nigeria/>



DESK REVIEW REPORT ON THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SHRH) NEEDS OF LBO+ WOMEN AND SEX WORKERS IN NIGERIA

