



SEXUAL AND
REPRODUCTIVE
HEALTH AND
RIGHTS OF
LBQ+
PERSONS
AND SEX
WORKERS IN
NIGERIA



Training Manual



GLOBAL WOMEN'S HEALTH, RIGHTS and EMPOWERMENT INITIATIVE

**NO 12. Jerome Hwande Street Ankpa
Quarters, Makurdi, Benue state.**

Copyright © 2024 by GWHREI

All rights reserved. No part of this manual may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of the publisher, except for brief quotations embodied in critical reviews and certain other noncommercial uses permitted by copyright law. This manual was created by GWHREI in Nigeria in April 2024 to promote sexual and Reproductive Health and Rights (SRHR) education and awareness of LBQ+ persons and sex workers. Readers and facilitators are encouraged to use the information provided in this manual to facilitate trainings and advocate for themselves and others to make informed decisions about their SRHR. For permissions requests or further information, please contact GWHREI at gwhrei2019@gmail.com



[@gwhrei](https://www.instagram.com/gwhrei)



[GLOBAL WOMEN'S HEALTH, RIGHTS and EMPOWERMENT INITIATIVE](https://www.facebook.com/GWHREI)



[gwhrei.org](https://www.gwhrei.org)

Table of contents

INTRODUCTION.....5

OBJECTIVES.....13

HOW TO USE THIS MANUAL.....14

GLOSSARY OF TERMINOLOGIES AT GWHREI.....7

CHAPTER ONE.....15

- Overview of the LBQ+ context in Nigeria.....17
- Overview of female sex workers in Nigeria.....19

CHAPTER TWO...23

- Interrogating bias: understanding gender identity, gender expression, and sex orientation...25
- Recognizing and challenging stereotypes and prejudice...27
- The intersectionality of sex work and LBQ+ identities in Nigeria...30

CHAPTER THREE.....33

- Sexual and reproductive health and rights.....35
- Understanding sexual and reproductive rights and choices.....36
- GWHREI'S work on SRHR.....38

CHAPTER FOUR.....40

- The SRH Landscape in Nigeria.....42
- The dynamics of SRH access for LBQ+ persons.....43
- The dynamics of SRH access for female sex workers.....44
- Access to sexual and reproductive education and information.....45

Table of contents

CHAPTER FIVE.....47

- Creating safe and accessible healthcare systems.....49
- How can we enable safe healthcare facilities and non-discriminatory services?.....50
- Safe support networks and fostering resilience.....52

CHAPTER SIX.....54

LEGAL RIGHTS, SECURITY AND ADVOCACY

- Understanding the legal framework surrounding SRHR for LBQ+ persons in Nigeria.....56
- What does the legal framework look like for the SRHR of sex workers?....58
- Do security forces have a role to play in promoting inclusive SRHR for LBQ+ persons and sex workers?....59
- Strategies for advocating for legal reforms and protection.....61

CHAPTER SEVEN....63

COMMUNITY ENGAGEMENT AND THE ROLE OF CIVIL SOCIETY ORGANIZATIONS.

- The role of civil society organizations65
- The national human rights commission.....66
- Strengthening leadership skills and self-advocacy.....68
- Practicing collective care grounded in love69

CHAPTER EIGHT....71.

- Recapitulation of key learnings72
- Relevant resource for further reading73

ACKNOWLEDGMENTS.....75.....

TECHNICAL WORKING GROUP.....76

CREDITS.....77

INTRODUCTION

Sexual and reproductive health and rights (SRHR) are fundamental human rights that ensure individuals can make informed decisions regarding their sexuality, bodily autonomy, reproductive choices, and overall well-being. Despite the progress SRHR has recorded in mainstream Nigeria, there is an even wider access gap for lesbians, bisexuals, trans and queer communities, including sex workers who are stigmatized and marginalized. As an organization, GWHREI and other similar organizations have done remarkable work addressing notable gaps in the healthcare and human rights systems, but there is still so much to do. This is not the first manual ever created on the SRHR needs of LBQ+ persons and female sex workers, but we recognize the need for contextualizing and localizing a manual that is comprehensive enough to educate, sensitize, and advocate for the SRHR inclusion of our communities, based on their own lived experiences within the Nigerian context. It is as much a training guide, as it is an advocacy tool. In the course of our research, a prominent question we have asked women in all diversities, is the first word that comes to mind when they hear the word 'SRHR'.

The following responses were the most consistent:



Only two out of 80 respondents, mentioned 'rights.' This, and other research on access to SRHR-related services and protection for LBQ+ women and sex workers in Nigeria, informed the creation of this manual, as we identified and evaluated the existing knowledge gaps.

Our research showed that only 32.9% of LBQ+ persons and sex workers have adequate knowledge of SRHR, and about 49.3% are fairly knowledgeable about SRHR. 30.1% of this population are aware of their SRHR rights, while 34.2% are unaware of their rights. 50.7% are unaware of available SRHR services in Nigeria. The data we gathered showed that there is a low level of knowledge of available SRHR services and limited access to these services. However, being aware and knowledgeable hasn't erased other areas of need like the discrimination and violence experienced as a part of the LGBTQI+ community, limited access to contraceptives and safe abortion, and tailored healthcare support for LBQ+ women and sex workers. 35.6% of research participants identified that they had been discriminated against while using healthcare facilities.

This presents a multifaceted problem that can be broken down into two parts:

- Lack of adequate knowledge by LBQ+ persons and sex workers on policies, autonomy and rights informing access to SRHR services.

- Lack of knowledge, capacity, and accountability for healthcare professionals, SRHR response teams, and security networks in ensuring that LBQ+ persons and sex workers are not excluded, marginalized, and denied access to SRHR services.

This training manual will address these problems, breaking down the basics of SRHR inclusion for LBQ+ persons and sex workers in Nigeria, while equipping stakeholders with the knowledge and power to ensure inclusive SRHR protection for all.

GLOSSARY OF TERMINOLOGIES AT GWHREI

Lesbian: A female who is sexually or romantically attracted to other females.

Bisexual

Bisexuality means that a person feels attraction toward their own gender and other gender. A person who identifies as bisexual can be of any gender. A bisexual is someone who is emotionally or sexually attracted to both men and women. A bisexual is a person with both heterosexual and homosexual desires.

Heterosexual: This refers to people who are sexually or romantically attracted to the opposite sex within a binary gender system.

Transgender: A transgender, usually referred to as "trans", describes someone whose gender identity is different from the gender they were assigned or assumed to be at birth

Intersex: Intersex persons are diverse in their identities. They can be born with sex characteristics such as sexual anatomy, reproductive organs, hormonal patterns and/or chromosomal patterns that do not fit typical binary notions of male or female bodies.

Nonbinary: A nonbinary person identifies neither as a man nor a woman.

Cisgender: This refers to someone whose gender identity is the same as the sex they were assigned at birth.

Gender nonconforming: This term refers to people who do not conform to society's ideas or stereotypes of how they should look, or act based on the gender they were assigned at birth.

Queer: This is a term for people who are neither heterosexual nor cisgender. It was meant to be a derogatory term in the past but has been reclaimed by the LGBTQI+ community and is used by some of the people who want to identify as different from society's ideas of gender and sexuality.

Persons: Persons is a term we adopt when referring to a group of persons with mixed or unknown gender identities

Self-identifying Females: This typically refers to someone who was not assigned a female gender at birth but self-identifies as one.

Sexual orientation: Sexual orientation is the emotional, romantic, or sexual attraction a person feels toward another person. Sometimes, that attraction means we want to have an emotional or physical relationship with them (or with multiple people) depending on our needs and desires.

Gender Identity:
Gender identity refers to the gender someone personally identifies as, which might differ from the gender assigned to them at birth

Gender Expression:
Gender expression refers to the outward way a person expresses their gender identity.

SRH: Sexual and Reproductive Health.

SRHR: Sexual and Reproductive Health and Rights

Body Image: Body image is a person's beliefs, attitude, and perception about their body. How you think and feel about your body, shapes your body image.

Body Policing: This refers to the practice of attempting to control someone's body appearance because it does not conform to an expected social norm of how you think they should look or present themselves. In Nigeria, women's bodies are policed in so many ways, down to how they dress, talk, and act, and this is usually a tool for control in a patriarchal society

Body Autonomy: This is someone's ability to make informed choices over what happens to their body. It is the power of governance over your own body.

Allyship: This is the active support of the rights of a group, without being a part of that group.

Sex Work: The consensual exchange of sexual services for money, goods, or services between adults as a form of labor.

Sex worker: A person who engages in sex work

Harm reduction: Strategies implemented with the objective of reducing the negative consequences associated with sex work, including the victimization and criminalization of sex workers.

Rights-based approach: An approach aimed at promoting and protecting the human rights of sex workers.

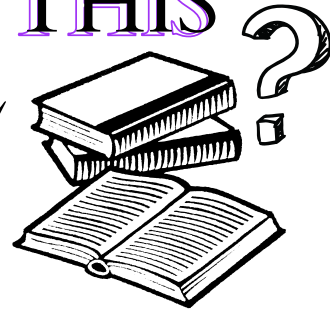
OBJECTIVES



This training manual will:

- ✿ Serve as a facilitation resource to enlighten, inform, and guide facilitators who facilitate on the needs, rights, and access to SRHR for LBQ+ persons and sex workers in Nigeria.
- ✿ Highlight and challenge the forms of stigma and discrimination faced by LBQ+ persons and sex workers in healthcare and interrelated legal and social settings in Nigeria.
- ✿ Sensitize on non-judgmental, inclusive SRHR approaches that respect the diversity of sexual orientations, gender identities, and work experiences among LBQ+ persons and sex worker.
- ✿ An advocacy tool to create a more inclusive and empowered environment that safeguards the dignity, health, and rights of LBQ+ persons and sex workers.
- ✿ Promote the creation of safe, welcoming spaces where LBQ+ persons and sex workers can access information, support, and services specifically tailored for their unique SRHR needs.
- ✿ Strengthen the capacity of LBQ+ persons and sex workers to advocate for their own SRHR needs, access services, and navigate healthcare systems effectively.
- ✿ Build collaborations for active participation and support from relevant stakeholders for adopting and implementing the SRHR Training Manual.

HOW TO USE THIS MANUAL



- ✿ Before each training, facilitators are encouraged to familiarize themselves with the manual and other similar resources to ensure substantial understanding of the training context.
- ✿ A pre-test has been created for each chapter, to provide understanding on the knowledge gaps for participants. In addition to this, facilitators should conduct prior research on the group, to enable them to adapt the training structure to specific needs of the participants.
- ✿ Training should be accompanied with materials for co-creation and demonstration, while local languages can be adopted to simplify resource and enable understanding for participants.
- ✿ Recognizing the place of facilitators to use their own unique facilitation techniques, we encourage each facilitator to create a comfortable learning environment with respect for everyone in the room and consideration for different learning paces. Energizers and breaks should be used as often as possible, to keep participants active.
- ✿ Trust should be built and re-established throughout the training, enabling a safe learning space for all participants.
- ✿ At the end of each chapter, facilitators should administer exercises curated specifically for the participants in the room. This will serve as an assessment tool for knowledge sharing and understanding. Active exercises and dramatized scenarios are encouraged.

The background is a solid light blue color, overlaid with several large, dark blue, organic, wavy shapes that resemble liquid or smoke. These shapes are scattered across the page, creating a dynamic and abstract composition.

CHAPTER 1

PRE-TEST

: Individual activity

- i. Do you think everyone should be treated with respect and dignity?
- ii. Do you know examples of women and people in your cultural and traditional history who did not behave, dress, marry or live the way women were expected to be?
- iii. Do you know any LBQ+ person or have you ever seen anybody who identified as lesbian, bisexual, or queer?



OVERVIEW OF THE LBQ+ CONTEXT IN NIGERIA

Lesbians, bisexuals, trans women, and other queer self-identifying persons are LBQ+ persons. They can identify as women, nonbinary or gender nonconforming persons, and they can also be intersex persons. They exist and have always existed in Nigeria, as part of a very marginalized group, first, for their gender identities, and then, for their sexual orientations. As part of the LGBTQI+ community, LBQ+ persons experience varying degrees of violence, violation of rights, lack of access to opportunities and systemic exclusion. This has manifested in the socialization of the Nigerian communities, reinforcing heteronormative and binary norms, and contributing to the existing legal and social barriers for LBQ+ persons to live a meaningful life in dignity.

What this means is that because of the discrimination they face, every other aspect of their lives is affected

- They are excluded from democracy and decision-making spaces.
- They are not catered for in the mainstream healthcare system.
- They experience mental, psychosocial, and psychological limitations.
- They rarely get and maintain jobs in the society, without the fear and occurrence of violence and marginalization
- LBQ+ entrepreneurs and businesses are affected by existing stereotypes and discrimination.
- They experience alienation and lack of access to whole societies.

- They are a part of the community most affected by climate change.
- In worse cases, families, communities, and societies ostracize, harm or kill LBQ+ persons for existing

As abysmal as this reality looks, so much work has been done and is still ongoing to realize the rights, freedom and inclusion of LBQ+ persons and one of such, is action to enable access to primary reproductive and sexual healthcare, which is a fundamental right for every citizen.

PRE-TEST : Group sharing

- i. List the terms sex workers are called in Nigeria.
- ii. If you or people around you condemn sex work, can you share why you think it should be condemned?



OVERVIEW OF THE FEMALE SEX WORKERS IN NIGERIA

Female sex workers are some of the most stigmatized, unsupported, and excluded groups in Nigeria, with historical records of violence and marginalization in different contexts against not just their livelihoods and right to work, but their right to body autonomy and right to life. This discrimination stems from primary causes linked to religious, patriarchal, and moral compass in the country. As controversial as it sounds to the average Nigerian who has been socialized to root their sense of morality on postcolonial religious and cultural beliefs, sex work is work and sex workers have fundamental rights to work.

It is important to differentiate consensual adult sex work, a decision made by an informed adult to earn an income from sex, from sex trafficking. While sex trafficking is a crime and a violation of human rights, consensual adult sex work should be recognized, with sex workers protected, respected, and provided access to every aspect of society. This has been weaponized by anti-rights groups opposing the right to sex work. Blurring the line between sex trafficking and sex work has led to the upholding of very harmful representation, stigma, and discrimination for sex workers in the Nigerian society.



**"sex work is
not
sex trafficking"**

As of 2020, 874,000 people were estimated to be sex workers in ten states of the federation, according to a report published by Statista. This was just a fraction of states, out of 36, making up about 27% of states in the country.

Beyond harmful stereotypes and discrimination, female sex workers experience varying degrees of sexual and gender-based violence in Nigeria. The criminalization of sex work drives female sex workers underground, making them more susceptible to violence, exploitation, and human rights abuses. This includes incidents of rape, physical assault, and extortion by law enforcement agents who discriminately arrest them and clients who capitalize on their vulnerability and lack of legal protection. There have been recorded cases of state-sanctioned brutalization by security agencies, ranging from arrest raids and rape while in custody. This also happens in the course of their work, as they face very high risks of violence, including murder. There have been viral instances where women have been killed in hotels and the moment the news starts breaks online, they are labelled prostitutes, and this is used to justify their murder. This is a typical example of the dehumanization sex workers face across the country.

In a society where women have very little bodily autonomy and must adapt to an acceptable societal standard of how to look, talk, dress, what type of sex they're allowed to have, and how they can have it, sex workers exist on the fringes of society.



EXERCISE

A white notepad with horizontal lines and a hole punch on the left side. The notepad is slightly tilted and has a torn bottom edge. It is positioned in the center of the page, overlapping the background pattern.

CHAPTER 2

PRE-TEST

: Individual tests.


- i. How many genders do you think exists? List them.
- ii. When a man dresses as a woman is expected to dress or a woman dress as a man is expected to dress, does that make you uncomfortable? Give reasons for your response.
- iii. Do you think everyone including you, gets to choose their sexual orientation?
- iv. "LGBTQI+ persons are a danger to children and can 'convert' kids to homosexuality". What are your thoughts on the above assertion?



INTERROGATING BIAS: UNDERSTANDING GENDER IDENTITY, GENDER EXPRESSION, AND SEXUAL ORIENTATION

Officially, the Nigerian binary system recognizes only two genders, male and female, with no acknowledgment of every other identity existing in the country. This also limits how gender is expressed, as men and boys are expected to appear and act a certain way, while women and girls are expected to appear and act a certain way. Gender-nonconforming persons are expected to present as their assigned gender at birth. Any deviation from this is regarded as improper and unacceptable. This is the same system the heteronormative ideology is rooted in within the post- colonial rhetoric, ensuring that only heterosexuality is acceptable as a sexual orientation.

The reality, though, is that people with different gender identities, gender expressions, and sexual identities other than the binary heterosexual identities exist as LGBTQI+ persons, and they have equal fundamental human rights as the rest of society. Because LGBTQI+ persons have been excluded for so long, they exist as outliers who have to fight to be mainstreamed. This means living under hostile legal and social conditions across all contexts of society. A good example is the Same-Sex Marriage (Prohibition) Act, a law with provisions criminalizing diverse aspects of lives for LGBTQI+ persons, stripping them of their freedom and dignity.



I was talking to someone the other day, and they asked if I was still a lesbian. Imagine my surprise, when they said that. I told them that being a lesbian is not a choice, it is how I am and it cannot be changed.

I totally relate to that. There are certain places I no longer show up to because of how I'm treated. I've stopped going to church because they keep having prayer sessions over me. Hoping the queerness in me would go away.

RECOGNIZING AND CHALLENGING STEREOTYPES AND PREJUDICES

A lot of the stigma surrounding LGBTQI+ persons is enabled by harmful stereotypes, and it is crucial to challenge them, to foster more understanding and inclusion.

Some of these stereotypes include:

- It is widely believed that being LGBTQI+ is a choice and a practice. This is untrue, as nobody chooses their sexual identities and while gender and its expression can be fluid, it primarily isn't for many LGBTQI+ persons, especially trans persons.
- The assumption of promiscuity and risky sexual behavior is a stereotype associated with LGBTQI+ persons. This leads to further discrimination and stigma, affecting their access to healthcare and legal protection. It is essential to challenge harmful stereotypes like this, as promiscuity is not a function of gender or sexual orientation.
- Some people wrongly believe that being LGBTQI+ is a mental illness or psychological disorder. This often leads to harmful conversion practices attempting to 'cure' LGBTQI+ persons. Conversion practices should be discouraged and outlawed.
- Due to Nigeria's religious landscape, LGBTQI+ persons are stereotyped as moral deviants whose sexual orientation or gender identities are wrong or sinful because none of the major religions practiced in the country endorse their lived realities. This cloaks them in social disapproval and alienation. As a society, it is essential to recognize, respect, and uphold the rights to religion and faith of every citizen, including those who do not conform to any religion.

•One of the most common stereotypes about LGBTQI+ persons suggests that it is an un-African, foreign concept imported from the Western world. This is untrue as LGBTQI+ persons have existed all through history, evidenced in the African culture, in different diversities, and with social acceptance. Homophobia on the other hand, and all its variant forms of hate against LGBTQI+ persons, can be traced to post-colonial society, proving that this is what has Western influence.

•Some people wrongfully spread the misinformation that LGBTQI+ persons are a danger to children and can 'convert' kids to homosexuality. This is one of the most harmful stereotypes impacting the attitudes and laws targeted at LGBTQI+ persons. Sexuality is not a choice, and LGBTQI+ persons do not recruit children or anyone else into homosexuality. Pedophilia is a crime the LGBTQI+ community strongly raises their voices against with the rest of society. The way heterosexual persons do not convert anybody into heterosexuality because they are born that way is the exact same reality for LGBTQI+ persons.

PRE-TEST

- i. Do you think LBQ+ women are sex workers?
- ii. Do you think all sex workers are LBQ+ persons?



THE INTERSECTIONALITY OF SEX WORK AND LBQ+ IDENTITIES IN NIGERIA

The rights of sex workers have always been interconnected to LGBTQI+ rights, both as a social justice issue and as a socio-political concern. These are rights embedded in feminist values, and it is easy to connect how belonging to groups marginalized by society can harmonize their fight for justice. First, it is essential to note that not all LBQ+ persons are sex workers, and not all female sex workers are LBQ+ persons.

LBQ+ persons experience certain kinds of violence unique to them, and one such is the stereotype of being sex workers. In Nigeria, women who are nonconforming in any way, from non-heterosexual sexual identities, gender expressions, to women who do not conform to morally dictated modes of dressings, self-advocates or even women who challenge gender-based marginalization, have always been labelled as prostitutes.



A common saying reaffirms that every woman has at some point in their lives been called 'Ashawo', the local term for sex workers. As for a society that attaches so much stigma to sex work, this is usually weaponized for micro and macro aggression. In the same vein, female sex workers are commonly stereotyped as LBQ+ persons, especially because LGBTQI+ justice is the most intersected with sex workers rights.

LBQ+ persons who are sex workers, therefore, have dual identities that have the potential to marginalize them further, rendering them more vulnerable to increased levels of violence, human rights abuses, indignity and poor access to services.

CHAPTER 3



what do you know about
sexual and reproductive
health & rights?

PRE-TEST

- i. List the types of sexual and reproductive healthcare needs you have.
- ii. Write down the sexual and reproductive rights you are entitled to.
- iii. In what ways do you think your SRHR needs differ from that of the next person?



SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

When mapping and programming for sexual and reproductive healthcare, it is essential to understand that LBQ+ persons require different SRHR healthcare approaches to that of heteronormative cis women, who are already mainstreamed and catered for by the existing SRH system in the country. But also, within this context, lesbians, bisexuals, trans women, and intersex persons require unique SRH services designed for their peculiar needs. What an intersex person needs will differ from what a trans person needs. A bisexual woman has the possibility of a different range of sexual partners and, hence, will require sexual healthcare that caters to her needs. This will also be reflected in the type of reproductive needs she has, depending on who she is sexually active with. A lesbian, on the other hand, has a different range of sexual needs and will consequently require a different type of sexual and reproductive healthcare service from a bisexual woman. A trans woman who is heterosexual also has a different pathway for her reproductive and sexual healthcare needs from a trans woman who is not heterosexual, and so does an intersex person.

All women and gender nonconforming persons with different sexual orientations and gender identities have the right to access the sexual and reproductive healthcare they require, and this is what we refer to as their sexual and reproductive health and rights (SRHR). It is their fundamental human right.

UNDERSTANDING SEXUAL AND REPRODUCTIVE RIGHTS AND CHOICES

In the same way we have physical health, mental health, and other forms of health, sexual and reproductive health is an integral part of everyone's life, especially women. Understanding sexual and reproductive health, rights, and choice begins with the knowledge that every woman has the right to decide what happens to their body with respect to childbearing. This has been a very controversial issue globally but almost taboo in the context of Nigeria. From access to contraceptives to the choice of abortion to childbearing options, including surrogacy, women have been impeded socially, morally, culturally, and politically from making autonomous choices for themselves.

Having sexual and reproductive health and rights means being able to have a safe and satisfying sex life and the capability to decide if, when, and how one will safely reproduce. We cannot talk about sexual and reproductive health without exploring its relationship with sexuality, as this is the component that defines what kind of sexual activities people engage in and, consequently, what sexual and reproductive safety means for them.

- Sexual health does not only refer to freedom from sexually transmitted diseases but encompasses attitudes towards sex and sexuality, sexual pleasure, and safety while engaging in sexual activities.

- Reproductive health does not just refer to safety during pregnancy and childbirth but encompasses beliefs and attitudes towards reproduction, access to reproductive healthcare, and the power to decide if, when, and how to reproduce.

UNDERSTANDING SEXUAL AND REPRODUCTIVE RIGHTS AND CHOICES

There are several components of sexual and reproductive health, including but not limited to:

- Reproductive autonomy
- Sexual autonomy
- Access to reproductive and sexual health information and services.
- Contraceptives
- Abortion and post-abortion care
- Family planning and fertility care
- Maternal and perinatal healthcare
- Sexually transmitted diseases education, diagnoses, treatment, and linkages service provision.
- Safety from sexual and reproductive violence.
- Sexual and reproductive healthcare for adolescents.
- Child marriage prevention.
- Abolition of traditional and cultural practices promoting sexual and reproductive violence, like female genital mutilation.
- Human rights for sexual and reproductive choices and services.



GWHREI'S WORK ON SRHR

As an organization, a core part of work at GWHREI involves improving the sexual and reproductive health and rights of LBQ+ persons and sex workers in Nigeria. Annually, GWHREI implements projects training healthcare workers and SRH stakeholders on inclusive service delivery for the LBQT+ community and female sex workers. Education is an entry point for change; as such, projects like the creation of this training manual are meant to facilitate this process, addressing common myths that perpetuate stigma and exclusion and advancing programmatic efforts that can optimize healthcare availability and accessibility for diverse communities of women and nonbinary persons. We also provide HIV education, screening, and linkages for treatments within our work communities across states in Nigeria. As a feminist organization invested in the autonomy of women to make informed choices, we provide information on abortion and post-abortion care, working to ensure that no girl or woman's life is lost to abortion. We also engage with diverse stakeholders like the government, policymakers, other organizations, donors, SGBV practitioners, security personnel, and first responders to promote collective SRHR action. A bulk of our work lies in advocacy and community engagements to sensitize, change hearts, and promote the sexual and reproductive safety of the communities we serve. We also engage with families to build understanding and support networks for their women, young girls, intersex, trans, and gender nonconforming persons.

These, and other areas of work we are yet to do for SRHR justice, are projects we encourage others to take up and expand upon, as there is so much more work needed in bridging the SRHR gap for LBQ+ persons and female sex workers in Nigeria.

The background is a solid light purple color with several large, dark purple, organic, wavy shapes that resemble liquid or smoke. These shapes are scattered across the page, creating a dynamic and abstract pattern.

CHAPTER 4

PRE-TEST

- i. Where do you get information on SRHR and how well do you trust this source?
- ii. List four groups of people based on their sexual orientation or gender identity. For each group, list two SRHR needs you think they might have.
- iii. Discuss one major SRHR difference amongst the four groups you listed in the previous question.
- iv. If you know any LBQ+ person who needs SRHR healthcare, do you know any hospital or health center you can comfortably refer them to?
- v. Define Comprehensive Sexuality Education.



THE SRH LANDSCAPE IN NIGERIA

Access to comprehensive sexual and reproductive healthcare in Nigeria has seen remarkable improvement in the past ten years, with improved healthcare policies, more targeted national policies and initiatives safeguarding the sexual and reproductive health of its population, and a healthier attitude towards reproductive and sexual health choices. For a society sensitized to cloud sex negatively for women while limiting their decision-making in reproductive processes, research and analysis of social behavior show that positive SRHR messaging is on the rise. However, as remarkable as these positive changes are, it is pertinent to note that this advancement only caters to heterosexual cis women in the mainstream. There is no recognition, acceptance, policies, protection, or provision of services for LBQ+ women, female self-identifying persons or gender nonconforming persons. This means that a large part of the population is left behind, negating the comprehensive healthcare progress we seek to attain as a country.

THE DYNAMICS OF SRH ACCESS FOR LBQ+ PERSONS

For LBQ+ persons, assessing sexual and reproductive healthcare is almost impossible in Nigeria, considering the social and legal context of their lives. There is widespread stigma and discrimination when they approach healthcare facilities for SRHR services. This prejudice is mainly fueled by misinformation about their sexuality and gender identities. Lesbians and bisexual persons are forced to accept the same SRH services tailored for heterosexual cis women, and this access is only restricted to LBQ+ persons who can afford most of these services. For an economically marginalized community, this further disempowers LBQ+ persons. It is a very different reality for trans and intersex persons, who are entirely excluded from healthcare access in the country, as there are no services that can be useful to them in the mainstream healthcare system.

To bridge these gaps, LGBTQI+ organizations have been at the forefront of working towards achieving inclusive healthcare for LBQ+ persons, but even this has had exclusionary tendencies as, for a very long time, community organizations have not included LBQ+ communities in their programming for healthcare services, including action on sexually transmitted diseases. HIV programming, which has been at the forefront of LGBTQI+ healthcare interventions, primarily focuses on men who have sex with men and rarely programs for the LBQ+ community. In fact, for a very long time, 'key population' has been used to describe the gay community and people who use drugs, leaving behind lesbians, bisexual women, and trans persons. This leaves the burden solely on LBQ+ organizations to provide healthcare services for their communities, build alliances for linkages, and promote inclusive healthcare solutions.

THE DYNAMICS OF SRH ACCESS FOR FEMALE SEX WORKERS

The legal status of sex work in Nigeria has shaped perceptions, behaviors, and attitudes towards sex workers, enabling stigmatization and consequently impacting their access to comprehensive sexual and reproductive health and rights. The shame resulting from stigma and discrimination stemming from society's perception of sex work often leads to delays in seeking healthcare, fear of judgment from healthcare professionals, and a reluctance to disclose their profession in order to get the healthcare services they need. The fear of legal repercussions also hinders their access to SRHR services, considering the legal context of sex work in the country. There has been an increased burden of unsafe abortions due to several factors, including a lack of access to contraceptives and a lack of safe abortion facilities.

This further puts their lives at risk, as there is also a widespread lack of safe abortion sensitization and informed post-abortion care practice. In the course of work at GWHREI, the organization has handled recurring cases where female sex workers do not just face sexual violence from their clients but also face sexual violence from the healthcare practitioners they approach for healthcare services. The SRHR landscape for female sex workers is morbid, and for female sex workers who are LBQ+ persons, the picture and reality are even much worse.

ACCESS TO SEXUAL AND REPRODUCTIVE EDUCATION AND INFORMATION

Education and information are at the heart of effective SRHR action in Nigeria, as change begins when there is proper knowledge empowering informed decisions. This is important for interventions on sexual and reproductive health and rights for sex workers and LBQ+ communities due to the existing gaps in the SRHR sector. The dearth of research and data on the levels of SRHR services for LBQ+ persons and female sex workers is also a challenge and an opportunity. Information will inform evidence-based interventions, including advocacy and improvement for better healthcare service provision. This will, in turn, inform and empower LBQ+ persons and female sex workers to know and assert their rights, make informed choices, and self-advocate. Comprehensive Sexuality Education has the power to change the SRHR landscape in the country, as evidenced in other countries with more advanced and inclusive SRHR services. A rights-based approach to comprehensive sexuality education will ensure that all actors including individuals, are knowledgeable enough to safeguard not just their own SRHR but that of others in the course of their lives or work.



EXERCISE

A white, lined notebook page with a hole punch on the left side. The page is slightly tilted and has a torn bottom edge. It contains the word 'EXERCISE' at the top and several horizontal lines for writing.

The background is a solid light blue color, overlaid with several large, dark blue, organic, wavy shapes that resemble liquid or smoke. These shapes are scattered across the page, creating a dynamic and abstract composition. The text 'CHAPTER 5' is centered in a white, serif font.

CHAPTER 5

PRE-TEST

Participants are grouped in twos, and they take turns to roleplay as healthcare professionals and either sex workers or LBQ+ persons. The sex worker or LBQ+ person approaches the health worker for a specific healthcare need, and the larger group and the facilitator note down the exchange between them.



CREATING SAFE AND ACCESSIBLE HEALTHCARE SYSTEMS

With the existing political and social climate in Nigeria, the first step towards accessible healthcare is to enable very safe spaces for LBQ+ persons and sex workers to access sexual and reproductive healthcare services. This will ensure that those who are informed feel safe enough to approach service providers. As indicated by GWHREI's recent SRHR research ["Desk Review Report On The Sexual And Reproductive Health And Rights Needs Of LBQ+ Women and Sex Workers In Nigeria"](#), fear is the biggest barrier LBQ+ persons and female sex workers face, in accessing SRHR services. The fear of hostility and discrimination is a very strong factor, and its power in silencing and excluding people cannot be underemphasized. Nobody wants to leave their home to a place where they know they will be stigmatized, harassed, or even harmed. Remember that SRH is a fundamental right, irrespective of a person's sexual orientation or gender identity.

There is a ripple effect with healthcare systems, which ensures that if we are not collectively accessing the healthcare services we require, we cannot collectively be safe and sound. Leaving any marginalized group behind impacts not just them but everyone else.

HOW CAN WE ENABLE SAFE HEALTHCARE FACILITIES AND NON-DISCRIMINATORY SERVICES?

What are the steps you can take to create and promote inclusive healthcare for LBQ+ persons and sex workers?

•One of the universal principles for practicing as a healthcare practitioner is that all individuals, regardless of their background or characteristics, are entitled to equal access to healthcare. This means that all healthcare management and practitioners are mandated to provide care that is without bias, honor every patient's autonomy, maintain confidentiality, and ensure that their interactions with patients are devoid of any form of discrimination. This means there is an urgent need for healthcare practitioners to review why there have been widespread discrimination against sex workers and LBQ+ persons in Nigeria, and ensure that as we advance, they are guided by ethical practices and principles that ensure healthcare is free of discrimination. This also requires centering their practice on empathy to enable them to continuously interrogate their bias, ensuring there are no exclusionary tendencies in all their interactions with patients from historically marginalized communities.

•Providing patient-centered care is another primary way of ensuring safe spaces for inclusive healthcare. Health professionals must prioritize patient needs, preferences, values, and safety. This means listening to them without bias or the idea of bias, involving patients in decision-making processes for their health needs, respecting their personal beliefs, and employing a diversity-centered approach to all their interactions with patients. When you put your patients first, you do not project your beliefs, values, religion, culture, or norms on them. Putting them first ensures you attend to them without centering yourself.

- Equity and accessibility should be a priority for healthcare stakeholders to ensure inclusive healthcare provision. It is one thing for healthcare practitioners to be diversity-sensitive and inclusive, but it is another for them to have supportive structures and healthcare facilities to work from.

-How accessible are your healthcare facilities to LBQ+ and female sex workers in the country?

Are there hospitals?

-Do they structurally make provisions for the healthcare needs of everyone including LBQ+ persons and sex workers?

-Are they affordable to communities like this, who can face accessibility challenges from an economic context?

These are key considerations in creating safe healthcare facilities and non-discriminatory services.

- Every institution is guided by policies and the healthcare sector is not excluded. It is one thing to have policies, but it is another to implement them. Clear, comprehensive, specific healthcare policies promoting inclusive healthcare practices should be encouraged, developed, and implemented in Nigeria, explicitly discouraging discrimination. Existing ones should be reviewed. It is important to regularly engage with healthcare professionals at all levels to ensure that they are aware of these policies, updated on any reforms, and encouraged to implement them down to the grassroots.

SAFE SUPPORT NETWORKS AND FOSTERING RESILIENCE

Community is an important component of comfort, protection, and safety that marginalized persons need to self-advocate and reach out for their rights. There is a sense of safety in numbers and in the knowledge that one can find and belong to a support network with people who understand and reflect similar realities. Safe support networks foster solidarity, amplify voices, and synergize movements. Establishing referral systems and ensuring that sex workers and LBQ+ persons are connected with appropriate healthcare providers who provide SOGIESC sensitive and stigma free healthcare services is a vital part of building safe support networks within the healthcare sector. This should be encouraged and facilitated.



EXERCISE

A sheet of white, lined paper with a perforated left edge, positioned centrally and overlapping the blue sticky note. The paper has approximately 15 horizontal lines and a jagged, torn bottom edge. The word 'EXERCISE' is printed in bold black letters at the top left of the lined area.

CHAPTER 6

LEGAL RIGHTS, SECURITY AND ADVOCACY

PRE-TEST

- i. Can you give examples of criminal activities in Nigeria?
- ii. Can you draw parallels between the above listed examples and the criminalization of sex work and LGBTQI+ lives?
- iii. How can laws criminalizing LBQ+ persons affect their access to SRHR services?
- iv. Is there any connection between security agencies and SRHR?



UNDERSTANDING THE LEGAL FRAMEWORK SURROUNDING SRHR FOR LBQ+ PERSONS IN NIGERIA

Nigeria has very strict laws criminalizing same-sex relationships, which inherently exclude LBQ+ persons from the country's legal protection and support systems. These laws and the existing binary system ensure that trans and gender nonbinary persons are unrecognized systemically. The Same-Sex Marriage (Prohibition) Act 2013, commonly referred to as the anti-LGBT law, specifically targets members of the community, rendering them vulnerable to imprisonment and societal persecution. The reality on the ground, though, is that the layman has generally interpreted the provisions of this law to mean that it is a crime to even identify as an LGBTQI+ person. As a result, every aspect of their lives is scrutinized and weaponized for illegal arrests, extortions, exclusion from access to relevant services, justification for violence, restriction from accessing legal redress, and exclusion from meaningful participation in society. The existence of the anti-LGBT law has provided a framework for people to boldly discriminate against LBQ+ persons without even trying to hide it. This includes discrimination within the healthcare sector and outright refusal of services, in many recorded cases. The existence of this legal context discourages healthcare providers from offering comprehensive SRHR services to LBQT+ persons. Consequently, they often face barriers to accessing essential reproductive healthcare, such as contraception, sexual health education, and safe abortion services. With this discrimination comes the reinforcement of stigma within society, creating a hostile environment inhibiting the provision of vital healthcare resources for LBQT+ persons at all levels.

UNDERSTANDING THE LEGAL FRAMEWORK SURROUNDING SRHR FOR LBQ+ PERSONS IN NIGERIA

Jamila, a 22-year-old lesbian in Kano state, had to leave town when a healthcare worker outed her sexuality and HIV status to a colleague, who proceeded to share this information with others in their community. Overnight, Jamila's life was overturned, and she had to leave her home, her family, and her job for her safety. All she did wrong was trust her healthcare provider with her sexual orientation and medical needs so that she could get proper treatment curated for her specific needs. As horrific as Jamila's case is, we have had more brutal cases of outright violence and mob actions against members of the LGBTQI+ community in Nigeria. It is much worse for trans persons who mostly decide against going to the hospital in the first place, with the knowledge that there is no existing service for them to even be excluded from.

The legal framework in Nigeria fails to provide basic safeguards for the SRHR of LBQ+ persons. They remain unprotected from violence, discrimination, and abuse because they cannot get justice when they seek redress. Rather, some get further victimized in the process of seeking justice. The absence of legal safeguards encourages widespread human rights violations, including hate crimes, blackmail, and arbitrary arrests. This lack of protection constantly perpetuates a cycle of marginalization.

WHAT DOES THE LEGAL FRAMEWORK LOOK LIKE FOR THE SRHR OF SEX WORKERS?

The legal framework surrounding sexual and reproductive health and rights for sex workers in Nigeria is very similar to that of LBQ+ persons, as it is currently plagued by criminalization, stigma, and discrimination. SRHR covers the right to make decisions regarding one's sexual life, a fundamental right sex workers have been robbed of. The primary legislation governing sex work in Nigeria are the Criminal Code Act of 1990 and the Penal Code Act of 1990, applicable to the southern and northern regions of the country, respectively. Prostitution itself is not explicitly illegal under federal law, but various activities related to sex work, such as solicitation, brothel-keeping, and living off the earnings of prostitution, are. Some states have specific laws prohibiting prostitution, while others do not.

The legal ramifications of engaging in sex work result in increased risks to their sexual and reproductive health, as sex workers are forced to operate clandestinely without adequate access to essential healthcare services. Consequently, it becomes difficult for them to access quality healthcare services without fear of arrest or social repercussions. This ultimately results in a lack of regular screenings, preventive care, and access to contraceptives, increasing their vulnerability to sexually transmitted infections, unwanted pregnancies, and other sexual and reproductive health-related issues.

DO SECURITY FORCES HAVE A ROLE TO PLAY IN PROMOTING INCLUSIVE SRHR FOR LBQ+ PERSONS AND SEX WORKERS?

Security forces, including law enforcement agencies and military personnel, are responsible for safeguarding, protecting, and ensuring every citizen's safety and security, regardless of their gender identity or occupation. In this context, security forces should actively combat gender-based violence, offering protection to LBQ+ persons and female sex workers by patrolling areas known for violence, addressing hate crimes, and prosecuting perpetrators without further disparaging or victimizing the victims. Creating a safe environment for justice will encourage them to seek essential healthcare services without fear of reprisals. Security forces can become agents of change by taking proactive steps to promote inclusive SRHR for marginalized groups. Considering the present realities in the country, there is a need for widespread sensitization. Security forces should periodically undergo comprehensive sensitization and training that focuses on understanding and respecting the rights of every citizen, irrespective of their job or SOGIESC identity.

DO SECURITY FORCES HAVE A ROLE TO PLAY IN PROMOTING INCLUSIVE SRHR FOR LBQ+ PERSONS AND SEX WORKERS?

This includes learning about the specific SRHR needs of marginalized communities, dispelling harmful myths that have always driven violence toward them, fostering empathy and understanding, and ensuring that their rights and safety are safeguarded like everyone else. This requires collaboration with relevant stakeholders, including civil society organizations and healthcare providers, to foster an inclusive SRHR ecosystem. By leveraging their authority, security forces can work together with these partners to ensure that whenever they have to respond to any case involving LBQ+ persons and female sex workers, they are equipped to respond in a human rights-sensitive manner, ensuring that they are protected and served. Arbitrary arrests, bullying, and harassment should strongly be discouraged, as security forces need to be viewed and known as active allies and advocates rather than antagonists.

STRATEGIES FOR ADVOCATING FOR LEGAL REFORMS AND PROTECTION

Ultimately, the anti-LGBT law and the criminalization of sex work in Nigeria contribute directly to the stigmatization and discrimination faced by LBQ+ persons and female sex workers in accessing sexual and reproductive health and rights. Advocacy to decriminalize and create laws that protect is a fundamental human right. In a democratic society, everyone can contribute to changing narratives by paying attention, changing behaviors, and engaging with advocacies for the decriminalization of sex work and LGBTQI+ lives.



EXERCISE

A white, lined notebook page with a hole punch along the left edge. The page is slightly tilted and has a torn bottom edge. It contains the word 'EXERCISE' at the top and several horizontal lines for writing.

The background is a solid light blue color with several large, overlapping, organic shapes in a darker blue shade. These shapes are irregular and fluid, resembling liquid or smoke. The text 'CHAPTER 7' is centered in a white, serif font.

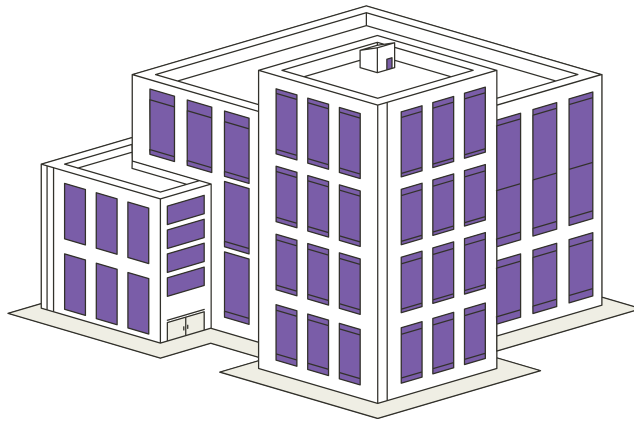
CHAPTER 7

PRE-TEST

- i. Break up in two or three groups. In each group, everyone should take turns in sharing one social justice issue affecting them. As a group, linkages should be made between each social justice issue shared, to show their interconnectedness.
- ii. List examples of selfcare vs collective care practices.



THE ROLE OF CIVIL SOCIETY ORGANIZATIONS



Building cross-movement alliances is a centerpiece to achieving holistic SRHR progress in Nigeria. This requires understanding and integration of the necessity for working across movements and issues as a collective. Civil society organizations have been at the forefront of social justice and are crucial to achieving inclusion. Partnerships should be built for advocacies on policy changes to make SRHR accessible to everyone, prioritizing the needs of often excluded minorities like LBQ+ persons and female sex workers. This will ensure a more comprehensive approach to tackling SRHR barriers. Feminist movements and mainstream women's rights organizations should realize that there is no comprehensive SRHR justice without LBQ+ persons and female sex workers. Dismantling all barriers to SRHR access requires collective effort, and this is the only way a more equitable and inclusive society can be achieved for all women and persons in their diversity.

THE NATIONAL HUMAN RIGHTS COMMISSION

The National Human Rights Commission has an integral part to play in protecting and promoting the sexual and reproductive health and rights of LBQ+ persons and sex workers in Nigeria. As a mechanism for the respect and attainment of fundamental human rights, there is a need to desensitize everyone working at the commission on the rights of historically marginalized LBQ+ and sex workers communities, including their rights to SRHR. Creating internal awareness empowers them with the right information to be more inclusive when developing and implementing the commission's policies and programs. This will also enable them to improve the monitoring of human rights violations targeted at LBQ+ persons and sex workers.

The National Human Rights Commission (Amendment) Act of 2010 conferred the commission with the power and independence to investigate alleged violations of human rights, and this includes the violations of the rights of LBQ+ persons and sex workers. This cannot be achieved if homophobia, transphobia, and other forms of stigmatization and discrimination are still pervasive against both groups.

The commission also has the power to ensure the enforcement of justice against perpetrators of violence, and this should be prioritized for targeted violence against LBQ+ persons and sex workers. Legal redress can be improved with the commission collaborating with organizations working on LGBTQI+ safety and rights.

The National Human Rights Commission is pivotal to addressing systemic and social inhibitions to the SRHR and associated rights of all LBQ+ persons and sex workers in Nigeria.

STRENGTHENING LEADERSHIP SKILLS AND SELF-ADVOCACY



Knowledge is power, and SRHR knowledge is liberation. Communities of LBQ+ persons and female sex workers who understand their rights, know how to and where to access sexual and reproductive healthcare, and are capacitated to self-advocate for themselves will be in the best position to share knowledge with others in the community. It is essential to build a community of people whose voices are included, listened to, and heard and who are a part of decision-making processes, especially as it pertains to their sexual and reproductive health and choices. This will also encourage community engagement and knowledge distribution and is the collective responsibility of all stakeholders, including rightsholders, civil society organizations, healthcare professionals, security agencies, community and institutional leaders, and the government. It is our collective responsibility to build bridges for sensitization, ensuring that female sex workers and LBQ+ persons make informed decisions about their SRHR and have access to every right and support they should enjoy.

PRACTICING COLLECTIVE CARE GROUNDED IN LOVE

As Audre Lorde said, self-care is an act of political warfare. Still, for many marginalized communities, collective care is needed to shift the sole responsibility of care from the shoulders of people who are already overwhelmed. Vulnerable people need support when they feel unsafe, and this is a collective responsibility. Our interactions, our programming, and our services for LBQ+ persons and female sex workers should be rooted in collective care practices and grounded in love, respect, and regard for the dignity of every individual. Discrimination, stigma, and prejudice can be dismantled when we ground our care in love, recognition of diversity, and prioritization of inclusion. Even as the SRHR landscape changes to become more inclusive as we all work together to ensure change, there will still be lingering fear, trauma, and survivor's guilt. It is essential to let them understand how powerful, radical, and necessary care is, and this assurance can only be obtained when practicing collective care.



CHAPTER 8

CONCLUSION AND RESOURCE GUIDE

RECAPITULATION OF KEY LEARNINGS



- LBQ+ women and gender-nonconforming persons have the right to bodily autonomy. They can and should decide when, how, and what happens to their bodies, including sexual and reproductive choices. They should be empowered with the knowledge to make more informed choices.
- LBQ+ persons and gender nonconforming persons have the right to sexual and reproductive healthcare services.
- Healthcare facilities owe a duty of care to all LBQ+ persons and female sex workers, ensuring they receive accessible, stigma-free sexual and reproductive healthcare.
- LBQ+ persons and sex workers have a right to justice. It is the primary responsibility of security agencies to safeguard, protect, and promote the safety and security of all LBQ+ persons and female sex workers, including their safety when accessing sexual and reproductive healthcare.

RELEVANT RESOURCE FOR FURTHER READING



- ✿ <https://www.amnesty.org/en/wpcontent/uploads/2021/05/POL3040622016ENGLISH.pdf>
- ✿ https://theinitiativeforequalrights.org/wp-content/uploads/2022/09/tinywow_Initiative-for-Equal-Rights-final-updated_5961537.pdf
- ✿ <https://www.hrw.org/news/2016/10/20/nigeria-harsh-laws-severe-impact-lgbt-community>
- ✿ <https://theinitiativeforequalrights.org/2019-survey-released/>
- ✿ <https://www.thecable.ng/behind-the-religious-iron-curtain-stifling-rights-of-lgbtq-community-in-nigeria/amp>
- ✿ <https://www.hrw.org/report/2016/10/20/tell-me-where-i-can-be-safe/impact-nigerias-same-sex-marriage-prohibition-act>
- ✿ <https://www.reuters.com/article/idUSKCN18C2T7/>
- ✿ <https://www.bisialimifoundation.org/wp-content/uploads/sites/51/2021/02/not-dancing-to-their-music-main-copy.pdf>
- ✿ https://ccprcentre.org/files/documents/INT_CCPR_CSS_NGA_35448_E.pdf
- ✿ <https://www.openlynews.com/i/?id=f1797f26-5dd7-4086-ac6d-3ccb0537f4d0>

RELEVANT RESOURCE FOR FURTHER READING



- ✿ <https://theinitiativeforequalrights.org/wp-content/uploads/2018/12/2018-Human-Rights-Report.pdf>
- ✿ <https://www.refworld.org/docid/50aa361f2.html>
- ✿ <https://www.jstor.org/stable/24362089>
- ✿ <https://www.justice.gov/sites/default/files/eoir/legacy/2013/12/18/NGA102511.E.pdf>
- ✿ https://theinitiativeforequalrights.org/wp-content/uploads/2022/02/The_Nature_Extent_and_Impacts_of_Conversion_Practices_in_Nigeria_Web.pdf

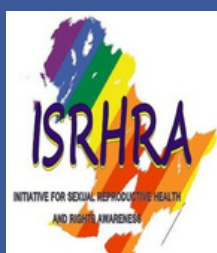
ACKNOWLEDGMENTS

We acknowledge our communities of LBQ+ and trans women, gender non-conforming and nonbinary persons, and sex workers, whose lives and resilience keep us on the right path to justice each day. The GWHREI team who ideated, implemented and supervised this project, working beyond responsibilities, are the heart of our organization and without their selfless dedication and passion, our work won't be possible



TECHNICAL WORKING GROUP

We acknowledge our partners from the technical working group, who co-collaborated with us to co-create this manual, engaging with the community and providing input for content development, with a partnership commitment to continue advancing our collective work towards the attainment of human rights.



CREDITS

Consultant

Marline Oluchi

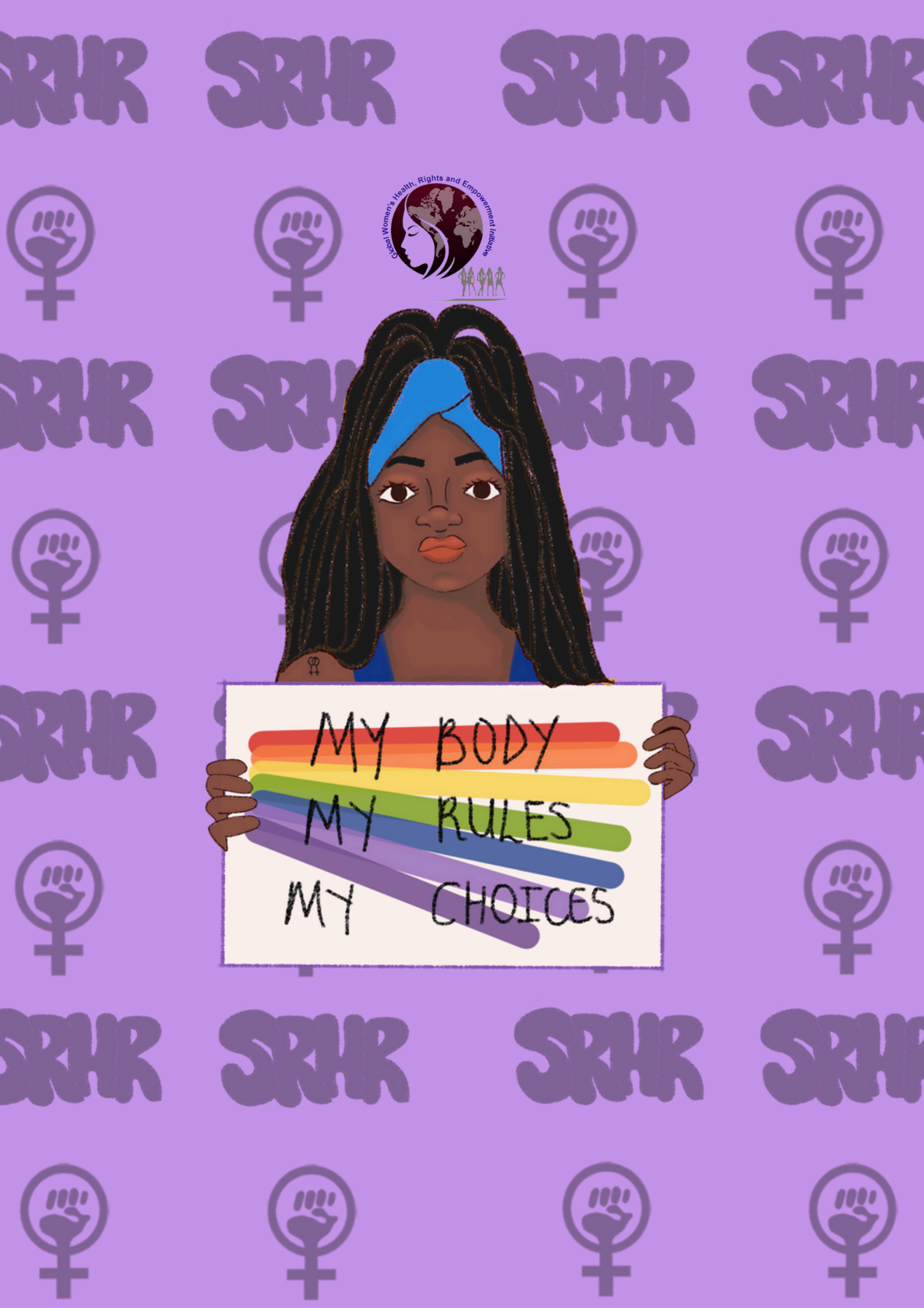
Illustration

Ayobola Liasu (Gentlejahz)

Editor

Marline Oluchi





MY BODY
MY RULES
MY CHOICES