Advocacy for African Lesbian, Gay, Bisexual, Transsexual - LGBT- People Living with HIV in London (Focussing on the Nigerian Community)

Accredited Community Research Course

Nathaniel Oyinloye
Acknowledgements

This work was made possible with the help of Evelyn Oldfield Unit, with special thanks to Sarah Menzies and Matthews Igaga for their help, support and training.

I would like to thank Mr. Ayo Kayode, Chief Mrs Yemisi Sanusi the Director of IDAY, Cassim Adepegba, Andre Smith from Positive East, Amanda Amito from Kwa Africa.

My special thanks also to Tokunbo Akinyanju for her financial, moral, mental and spiritual support.

I greatly appreciate those survey participants who were kind and patient enough to offer the valuable information that has formed the backbone of my research. My special thanks go to my wife and children for being there for me.
# Contents Page

Acknowledgements .............................................................................................................................................. 1  
Contents Page .................................................................................................................................................. 2  
Executive Summary ......................................................................................................................................... 3  
Chapter 1: ...................................................................................................................................................... 4  
  (i) Central aim and research plan ................................................................................................................ 4  
  (ii) The purpose of this research ............................................................................................................... 4  
  (iii) Literature review .................................................................................................................................. 4  
  (iv) Methodology ......................................................................................................................................... 8  
  (v) Ethical considerations ............................................................................................................................ 9  
Chapter 2: Research findings .......................................................................................................................... 11  
Chapter 3: Discussion ..................................................................................................................................... 15  
Chapter 4: ...................................................................................................................................................... 17  
  (i) Conclusions ............................................................................................................................................ 17  
  (ii) Recommendations .............................................................................................................................. 18  
  (iii) The strengths and limitations of research ......................................................................................... 20  
Bibliography .................................................................................................................................................. 20
Executive Summary

This research is to demonstrate the needs of the Nigerian African LGBT people living with HIV in London. I hope to achieve changing the mindset of the community at large against the LGBT. The LGBT are not totally accepted in the community but because of Human Right Law they could not be attacked in London, UK compared with where they are coming from, where in African they face physical, emotional, and psychological abused from the community and family.

Tools used in finding possible solution to the problems on the lives of Africans LGBT in the UK, which result in loneliness, family breakdown, loss of identity among the younger generation, crime among children, underachievement, other barriers and which also has resulted in a community feeling powerless in preserving the essence of its cultural identity and the family are questionnaire and one to one interview.

My finding suggests that there is a responsibility both at individual, community, organisational and policy makers’ level. This will allows for a wide range of solutions, from awareness campaigns aimed at individuals, community organisations providing platforms and support where issues are discussed or exclusive services provided that would take into consideration the background, cultural identity and dynamics of the people. Engaging with policy makers is also necessary in as far as challenging some of the structural barriers that make resolving the identified issues such as racism in the care industry, the bringing up and disciplining of children, and working conditions.

It is important to consider the communities cultural background, and belief systems and adopt a holistic approach to explore the best solutions.

More training for organisations working with the Nigerian community to enable them understand the LGBT problems and review some of the ways they engage the community and consider brokering services specifically for the Nigerian community, taking into account different dynamics and changes in gender activities.

There should be more community and public awareness, conferences, seminar and training on LGBT/ HIV stigma, stereotype, accommodation, loneliness, stress, parenting, marriage, Immigration, policy, mental health and human rights etc.

There should be review of structural barriers, Asylum seekers with HIV have in accessing NHS for health issue and given the opportunity for work and better living.
Chapter 1

(i) Central aim and research plan

Research Plan
For this research, I used focus group discussion and a questionnaire to respondents that cuts across the desired sample population whose valuable response shaped the report and recommendations. In view of the sensitivity of the subject matter, the questions asked were limited only to the information required and offered willingly by the respondents. All the relevant data protection regulations and laws were complied with in carrying out this research project.

Time Frame
I had 6 months to carry out this research. Firstly, I designed my tools, and then compile a list of who to send to (service users) from Positive East, Rainbow, HPAN, these organisations I work for. I gave out questionnaire to answer because of limited time, I kept answers to yes or no (easy to answer and safe time, preventing them in taking my questionnaire away – afford running after them for returned).
I completed with clients, then analysis, then write up - all this in 6 months in total.

(ii) The purpose of this research

The purpose of this research is to assess the effect of the LGBT people living with HIV/AIDS within the African Community in United Kingdom and how advocacy is helping them in getting help as at when required and how it affects their general well-being as well as integration.

(iii) Literature review

Africa and Africans, regardless of where they live, have remained a sad reference point for HIV since its discovery in the early 1980s. Despite its rejection by Africans as another ploy of the imperialist western world to paint the continent black, the theory that HIV emanated
from Africans who eat flesh from freshly killed virus-bearing chimpanzee specie in Equatorial Guinea and/or South-eastern Cameroon persist till today (Torian L, 2005).

While the living with the virus in UK has been on the downward slide with 2012 recording between 76,000 and 120,000 with the adult prevalence rate being 0.2-0.3%, the rate within the African community accounts for 19% of new diagnoses in 2012, where 66% and 61% heterosexual men and women respectively did the testing late (Avert, 2014). The 2008 figures indicate that 83,000 were living with HIV including 7798 new infections out of which thirty eight percent were from Africans who contracted it via heterosexual sex (Health Protection Agency, 2008).

The reasons adduced by Africans for doing the test when it is too late due to ego, false belief that they cannot be infected, cultural norms and the fear of stigmatization (Fakoya I, et al). It is not easy for an African to try encouraging the partner to go for the test as it may imply lack of trust in the person (Burns F.M., 2009).

In a survey published in the British medical Journal, it states that Asylum seekers who are living with HIV/AIDS are at a disadvantage of accessing adequate care due to the UK government’s policy of locating asylum detention centres outside large communities (Creighton S et al, 2004)

While most HIV infections amongst African has come from heterosexuals, the current spate many Africans openly declaring their homosexuality has made many to (rightly or wrongly) begin to see it as possible jump in the rate of HIV infections, a belief that has influenced and is reflected in the anti-gay campaign (Traore C, 2007).

Prior to the new legislation permitting gay marriage, the gay community had withstood decades of onslaughts from government and the media. It survived mainly drawing from the individual and collective position of its increased power (Catherine Dodd et al, 2004)

One of the first openly gay Nigerian activists is Bisi Alimi. Coming from a Yoruba culture and Islamic religious setting that are traditionally anti-gay, it was a thing of courage and conviction. Now residing in London, he has received accolades as an activist campaigning for gay rights within the African migrant community.

While Nigerians in places like the UK may exercise their fundamental rights to become gay if they chose to, they would certainly be more cautious to do the same in their home country due to official and unofficial resentment. There has been uproar against the 14 January 2014 enactment of an anti-gay law in Nigeria. (Lyons D, 2013).
The Law is summarised very clear by the World AIDS Campaign as follows:
“The Act bans marriages or civil unions between persons of the same sex within Nigeria and voids any such marriages and civil unions entered into legally in other countries. The law goes further to criminalise the registration of ‘gay clubs, societies and organisations, their subsistence, possessions and meetings’ and bans the ‘public show of same sex amorous relationship either directly or indirectly’. The law provides a sentence of 10 years imprisonment to any person or group of persons that ‘witness, abets and aids the solemnisation of a same sex union or supports the registration of gay clubs, societies and organisations, processions or meetings.”

**Homosexual agenda (or gay agenda)** is a term originated from some conservative Christians in the United States to describe the advocacy of cultural acceptance and normalization of non-heterosexual orientations and relationships. The term is applied in efforts to change government policies and laws on lesbian, gay, bisexual, and transgender (LGBT) issues. The term has also been used by some social conservatives to describe alleged goals of LGBT rights activists, such as ‘recruiting’ heterosexuals into what they term a 'homosexual lifestyle'.

**Definition of Terms Used**

The terms lesbian, gay, bisexual, and transgender (LGBT) describes distinct groups within the gay culture. The early initiatives for people who were gay focused mostly on men. So, in an attempt to draw attention to issues specific to gay women, "lesbian" is often listed first.

People who are bisexual or transgender have been traditionally left out of, or underrepresented in, research studies and health initiatives. It is now considered standard to include these two groups along with gay men and lesbians.

Sexual orientation has been defined by Susan Cochran and Vickie Mays as sexual attraction; sexual behaviour; sexual fantasies; emotional, social, and lifestyle preferences; and self-identification.

---

1 [http://www.worldaidscampaign.org/#sthash.jigQegic.dpuf](http://www.worldaidscampaign.org/#sthash.jigQegic.dpuf)
**Definition of Terms**

The term "gay" has traditionally been used to represent a diverse group or people who are attracted to people of the same gender or are in a relationship with someone of the same gender. It is important to recognize, however, that different groups within the gay community exist, and that the term "gay" is not all-inclusive.

For example, transsexuals and some people who are bisexual do not consider themselves to be gay. Also, research has found that men who have had relationships with other men do not always identify themselves as gay. There is also a tremendous ethnic diversity among our lesbian, gay, and bisexual communities, and this contributes to the different perceptions of the term "gay."

Parents, Friends, and Families of Lesbians and Gays (PFLAG) refers to heterosexuals/straight as people sexually attracted to the opposite sex, homosexuals as those attracted to the same sex, lesbians as females attracted to other females, bisexuals as those attracted to both sexes and transgender includes transsexuals, cross dressers, etc.²

**HIV**

Unlike other viruses like the one that causes common cold or flu and which the body can get rid of later, the HIV virus cannot be eliminated as it weakens the body's immune system by destroying cells that are naturally meant to fight diseases and infections. The virus can hide for long periods of time in the cells of the body and that it attacks a key part of the immune system – the T-cells or CD4 cells. The body has to have these cells to fight infections and disease, but HIV invades them, uses them to make more copies of itself, and then destroys them.

Over time, HIV can destroy so many of the CD4 cells that the body can't fight infections and diseases anymore. When that happens, HIV infection can lead to AIDS, which is a multiplicity of diseases that can then invade the affected human body as the immune system to fight back is completely destroyed.

HIV rates in the UK

An estimated 96,000 (90,800-102,500) people were living with HIV in the UK by the end of 2011, an increase from 91,500 (85,400-99,000) in 2010. The overall prevalence in 2011 was 1.5 per 1,000 population with the highest rates reported among men who have sex with men (MSM) (47 per 1,000) and the black African community (37 per 1,000).

- 24% (19%-28%) of people living with HIV were unaware of their infection in 2011, the same proportion as seen in 2010.³

I could not find rates of HIV infection amongst LGBT African population in the UK.

(iv) Methodology

I have used three research methods in my study:

1) **Focus group** where participants freely stated their perceptions, opinions, beliefs and experiences in an interactive group setting. It had fifteen participants most of whom are migrants and beneficiaries of the charity works of Hospital and Prison Action Network (HPAN)

   The choice of both focus group and questionnaire methods for this research was informed by the sensitive nature of the topic especially within the Nigerian, nay African, community in United Kingdom. While the questionnaire help to get aggregate views of the respondents thereby knowing if there have been a shift in thinking on the subject over the years, the focus group enabled people knowledgeable about the subject to express their opinions, beliefs, experience, etc.

   I did not use interview method because those who are gay or who sympathise with gays were not ready to grant extensive interviews.

2) **One-on-one interviews using the questionnaire** designed to elicit extended responses where participants expressed their thoughts using their own words and organization and thus it was particularly valuable for gaining insight. Participants were of mixed nationality who responded to two different surveys for the general

³ http://www.hpa.org.uk/webc/hpawebfile/hpaweb_c/1317137200016
public and the community leaders respectively. Follow up qualitative data was also collected through Facebook. I sent the questionnaire to 15 members through Facebook and if I have more inquiry, I just ask them back and they would respond. The survey questions helped me identify the differences between the experience of LGBT in the UK (the employer), and the experiences with the public or community, showing the value of being able to change to the environment or the community.

3) **Participant observation** enabled me to immerse myself in the social setting to be able to observe and experience as a participant, by maintaining absolute objectivity in order to understand, analyse and explain the subject matter under study. The participants are all members of the Justice for LGBT campaign of which we have over 150 members. Data was collected during our regular meetings which we hold on the third Friday of the month and where we discuss some of our issues and share our problems. Minutes are recorded. I have a good understanding of the issues that affect LGBT since we started HPAN in 2003. I have collected much detailed information of our individual service users and of the community as a whole.

(v) **Ethical considerations**

As HPAN members are made up of different nationalities, I am aware of their differences in terms of culture, beliefs, religion and many have difficulties in speaking and understanding English. We share respect for each other’s beliefs, culture and religion so these have never been an issue and a problem to us. I discussed this research with the participants and the important value of this in our campaign work and they were happy to share their stories and participate. I gave them assurance that all information are anonymised, data protected, and the letter of consent they signed can be used to protect them. Discussing this research and the need of their cooperation wasn’t hard because I am the researcher, a person whom they respect and trust as their reliable advocate and defender.

Ethical and cultural concerns and protections were considered in the conducting of this research from the beginning to the end.

A decision was made from the beginning of which groups of people would be representing as the community leaders and the public. All representatives were informed as to the nature of the study, consent, handling of data, gathered information and confidentiality. I also submitted my research plan and questionnaire to Evelyn Oldfield ethics panel, it was signed off as safe, approved.
Chapter 2: Research findings

- **What is your opinion on LGBT Advocacy in the Nigerian Community?**

Less than half of the respondents believe that there is good LGBT awareness within the Nigerian UK community, a little less than a third felt it was just enough, less than a quarter felt it was not enough while ten percent see it as being poor. This finding typifies the average Nigerian mentality on LGBT both at home and abroad.

- **Are Nigerians in the UK supportive of LGBT activities?**

The research indicates a Nigerian lack of interest in the subject under study as less than a third gave an affirmative answer. Coming from a society with deep cultural and religious ethos that abhors homosexuality, it is little wonder that the people just remain aloof on the issue. To them it is rather about acceptability rather than it being rights.

- **Do you have LGBT friends in the UK?**

Less than a quarter emphatically agree to have an LGBT friend in the UK with almost two-thirds claiming not to have or that they don’t know. This response may not be a true reflection of the reality as due to stigmatization within the Nigerian community on LGBT, it is to be expected that a almost all of those indulging in the practice would be secretive about it.

- **Is your opinion on LGBT activities influenced by your religious belief and cultural values?**

Half of the respondents agree to this while less than a third were not so sure. Nigerians attitude to life generally is greatly influenced by their religion/culture, and LGBT is not an exception.
• **Do you think your opinion on LGBT activities will change in the community in the next ten years?**

While this question may be hypothetic, it is aimed at knowing how broad minded that they think their community may become on LGBT in the next few years. Only two-fifth thought it would become more accommodating while half made the safe choice of ‘I don't know’. It is difficult to really answer this question especially where it concerned like Nigeria that is culturally and religiously less yielding to change.

• **What is your opinion on LGBT and LGBT Law in Nigeria?**

It was not surprising that almost two-third support the new Nigerian Law that prescribe fourteen years jail for LGBTs while their accomplices go in for ten years. Less than a third felt averagely about it while only ten percent was against it.

• **Do you believe the LGBT people spread HIV or causes HIV?**

It seems an average Nigerian believes LBGT people spread HIV. Two-fifth were in the affirmative, same number was diplomatically not so committing in their response while only one-fifth thinking otherwise.

• **Are there any activities that may reduce stigma and stereotype within the communities?**

Encourage to choose as many that they think applicable including, all, quality education, awareness, government, etc, half thought that all applies, with less than a third clamouring for more education on the issue while one-fifth thought that there should be interactive sessions using all available medium.

• **Are you willing to become a Health Officer to address the issue of the LGBT stigma?**

The few non-LGBT Nigerians that have tried to campaign for understanding of others on the issue within the community have found themselves suddenly becoming suspected of being one of them. Little wonder then that almost two-thirds indicated that they would not
be interested in becoming health officer to help dispel the stigma. Only one-fifth were ready to offer such service.

**Demographics**

**Gender**

![Gender Pie Chart]

**Ethnicity**

![Ethnicity Pie Chart]
What is your age group?
Chapter 3: Discussion

Findings and Research Aim
This research, originally aimed at demonstrating the needs of the Nigerian Africans LGBT people living with HIV in London, was fully satisfied by the findings or outcome that indicate that there is still a long way to go in making LGBTs acceptable within the community by making the people become more aware of the LGBT’s unassailable right to make choices in their personal life as it does not impact negatively on any other person. It was also found out that despite the fear of many Nigerians that LGBT are synonymous with HIV, the highest source of the infection among Africans in UK are those practicing heterosexual sex (Avert, 2014).

Difficulties
This research shows that in practice, LGBT people suffer in silence which relates to abuse. Furthermore my survey result shows that many of the participants encountered problems with the community, the culture and religious beliefs. This is reflected in the findings that over half of the respondents believe that their view on LGBT is influenced by their religion or culture while almost two-thirds would not help to create awareness in the community even if offered the opportunity to do so.

Food and Accommodation
Some organisations like Positive East helps them with food and accommodation while HPAN do referral and supply breakfast, advice and counselling for the LGBT people who request for such assistance. In view of the hostile stance of the majority of Nigerians on LGBT issues, as indicated in the findings, the few that are involved invariably lose family and friends links and occasionally do require material, advice and emotional support.

Health and Safety
They are less protected by the community but well protected by UK laws, as Nigerians in general, regardless of where they live, are averse to LGBT. To them it is a taboo. As the link between LGBT and HIV infection are established (Traore C, 2007), this now makes it almost a taboo to interact with them.
Understanding Rights

Some LGBT are in a very vulnerable position when they arrive in the UK and they rely on their friends and family. However, through the campaign group and support provided, the findings illustrate that there is a clear need for this type of activity to support LGBT, especially as it regards their rights and opportunities as well as access to proper healthcare required for safe gay living.
Chapter 4

(i) Conclusions

In this research I have demonstrated that the needs of the Nigerian African LGBT people living with HIV in London are many and varied but not disconnected. This diversity demonstrates the experiences of many Africans in the UK negotiating their way in a new and different environment, trying to make sense of their identity in a new ‘culture’ whilst trying to achieve their goal for coming to the UK. The structural barriers imposed by the situations in their hosting country have had lasting impacts on fundamental human issues such as marriage, parenting, citizenship and a sense of belonging. Having been uprooted from family networks, forced by structural barriers to accept demeaning low paid jobs, this has had many implications on the lives of Nigerian Africans in the UK, resulting in a myriad of problems such as loneliness, deskilling, family breakdown, loss of identity among the younger generation, crime among children, and underachievement. At the heart of a Nigerian African community is the family which often includes the extended family providing protective barriers but because of systemic structures, financial burdens of supporting more than one family and other barriers, it has resulted in a community feeling powerless in preserving the essence of its cultural identity and the family.

The report argues for the need to look closely into these wider issues and to look at them in a holistic way and not in isolation if a comprehensive solution is to be found. It also suggests that the ability of a community to contribute whether to the country of residence or to its country of origin depends on meeting the needs that the community is grappling with in their hosting country and providing an enabling environment to address inevitable issues stemming from different experiences between the home and hosting country.

Although Nigerian Africans have managed to adopt different strategies in order to survive in the United Kingdom, it has come at a price. The price which if ignored will impact not only the African community but the British community at large as there would be an increased burden on the state in supporting children in care or in prisons. Most importantly, it takes away the pride and identity of a people which is likely to rob Britain of the contributions of diversity and richness of other cultures.

This report suggests that there is a responsibility both at individual, community, organisational and policy makers’ level. This allows for a wide range of solutions, from awareness campaigns aimed at individuals, community organisations providing platforms and support where issues are discussed or exclusive services provided that would take into
consideration the background, cultural identity and dynamics of the people. Engaging with policy makers is also necessary in as far as challenging some of the structural barriers that make resolving the identified issues such as racism in the care industry, the bringing up and disciplining of children, and working conditions.

(ii) Recommendations

In looking at the needs of the community, it is important to consider the communities cultural background, and belief systems and adopt a holistic approach to explore the best solutions.

Organisations working with the Nigerian community need to review some of the ways they engage the community and consider brokering services specifically for the Nigerian community, taking into account different dynamics and changes in gender activities.

The restructuring of gender relations and gender roles/activities in diaspora households is necessary if families are to cope in the UK but this is no means automatic {Pasura 2008 }

Community and public awareness, conferences, seminar and training on LGBT/ HIV stigma, stereotype, accommodation, loneliness, stress, parenting, marriage, Immigration, policy, mental health and human rights etc.

Structural barriers, Asylum seekers with HIV will have problem of accessing NHS for health issue, no opportunity for work and better living.

(iii) The strengths and limitations of research

The strength of this research lies in my personal knowledge and experience of the LGBT community, and as the Project Director to HPAN, having direct access to all documents and support. Time restraints have contributed towards the limitations of this research due to my work as a human rights advocacy campaigner and researcher. Equally my writing skills have their own limitations and it has been a challenge to embrace a wider vocabulary.

The Focus Group sessions gave me wide range of information and perceptions that was openly shared by the participants. The survey and one-on-one interview provided me exact data and information that is more confidential than what I was able to gather from
the open discussion group. These methods have been very useful and positive in getting correct data and in-depth information of this research.

1) There were however, some drawbacks to this method. I did find it time consuming to respond to get back to everyone individually. This included support/awareness, discrimination, law and human rights, stigma/stereotype, health and safety.

2) There are also some disadvantages in this method. I have lots of data collected. I also found it was difficult to separate the campaign activity from the research activity. My personal emotion of attachment and of knowing their lives and abusive experiences makes me very angry and sometimes this can get in the way of objectively isolating the root causes of the problem and working with those to campaign for change.

3) The research design procedure was good but it has the usual limitations of using questionnaire and focus group. The added handicap of lack of cash to sponsor the process and the difficulty of having to convince the LGBT people to participate in the process as they mostly want to keep to themselves, made the research more difficult but one had to fall back on experience to carry it out.

In my next research project, I would like to explore more within and outside HPAN to reach out to other LGBT in the UK and if possible, international. I will be designing wider questions for interviews and conduct a wider survey. I will do more Focus Group Discussion. I will also work on increasing funding to enable more work.

The online survey is rather difficult to monitor and check who has completed the survey - although it has been a good way to reach the larger community, using my own personal contacts and Facebook to reach all my friends – both male and female.

The research is an opportunity for some LGBT people to have their voices heard and open up. This is an interesting research, timing worked well and 6 months was fine for this. More time could be given to this to be able to reach more people and organisation.
Bibliography


Burns, F. M. 2009, An investigation into newly diagnosed HIV infection Among Africans in London, PhD, University College London.


Advocacy for African Lesbian, Gay, Bisexual, Transsexual – LGBT – People Living with HIV in London (Focussing on the Nigerian Community)