

LGBT INCLUSION NOT INCARCERATION

**PHOTO CASE STUDY
NIGERIA**



PITCH Partnership to Inspire, Transform
and Connect the HIV response

 **aidsfonds**

**FRONTLINE
AIDS** 



Ministry of Foreign Affairs


ABOUT FRONTLINE AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere.

Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live.

As a result, 1.7 million people were infected with HIV in 2018 and 770,000 died of AIDS-related illness.

Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.



"I chatting with someone online who said he was also gay, and we are engaged to meet up. When I got there he was with a group that mobbed me. I was beaten and robbed and left seriously injured on the streets, I couldn't even walk."

Stigma and discrimination against the LGBTI community is a big problem in Nigeria, where LGBTI individuals are considered 'illegal' and 'immoral'.

Our existence and sexual identity should not cause us pain, we are humans too.

End stigma and discrimination against the LGBTI community.

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| PhotoVoice | Frontline AIDS

| 'PITCH' | Nigeria

INTRODUCTION

Frontline AIDS has partnered with PhotoVoice to deliver a series of participatory photography projects in Myanmar, Nigeria and Uganda to support marginalised communities to advocate for improved HIV prevention, treatment and care, and sexual and reproductive health services and rights.

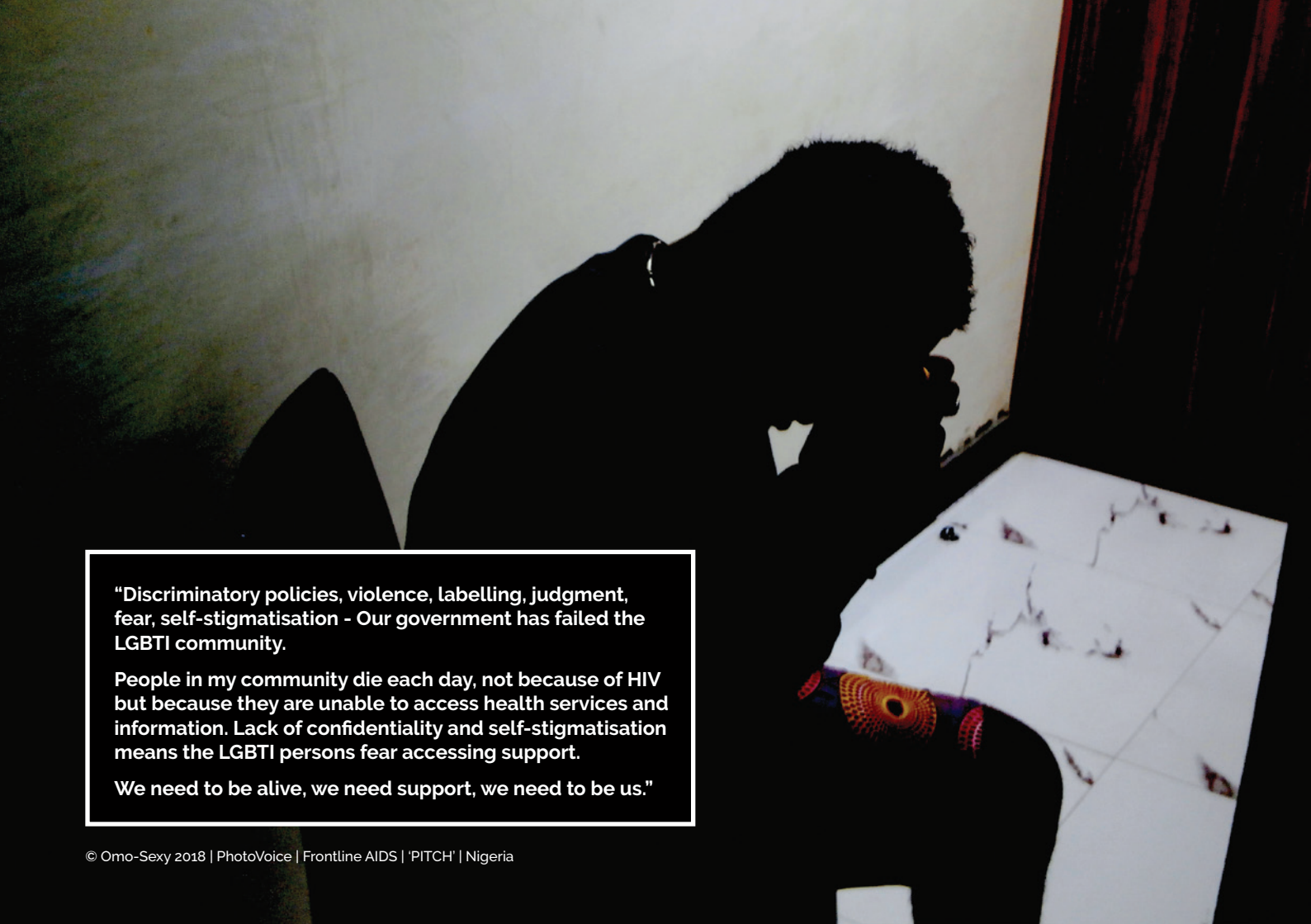
The project is part of the Partnership to Inspire, Transform and Connect the HIV Response (PITCH) programme, a strategic partnership between Frontline AIDS, Aidsfonds and the Dutch Ministry of Foreign Affairs. PITCH aims to strengthen local organisations' capacity to advocate, generate evidence and develop robust policy solutions for upholding the rights to HIV and sexual and reproductive health services for lesbian, gay, bisexual and transgender (LGBT) people, men who have sex with men, sex workers, people who use drugs, and adolescent girls and young women.

Advocates and young emerging champions from PITCH partner organisations in Myanmar, Nigeria and Uganda were supported to explore the use of photography and storytelling in their work, and to use the resulting messages as tools for advocacy.

PhotoVoice is a UK-based charity with a vision for a world in which everybody has the opportunity to represent themselves and tell their own story. Its mission is to promote the ethical use of photography for positive social change, through delivering innovative participatory photography projects.

For more information visit: www.frontlineaids.org/pitch



A person is shown in silhouette, looking down at a wall. The wall is covered with a grid of small, square images, possibly photographs or drawings, which are visible in the lower right portion of the frame. The person's head is bowed, and their hand is near their face. The background is a plain, light-colored wall.

"Discriminatory policies, violence, labelling, judgment, fear, self-stigmatisation - Our government has failed the LGBTI community.

People in my community die each day, not because of HIV but because they are unable to access health services and information. Lack of confidentiality and self-stigmatisation means the LGBTI persons fear accessing support.


We need to be alive, we need support, we need to be us."

Omo-Sexy is a young advocate for the Initiative for Advancement of Humanity (IAH) and works as the PITCH programme officer. As part of the PITCH programme, IAH works to advance the human rights protection for LGBTIQ communities in Nigeria.

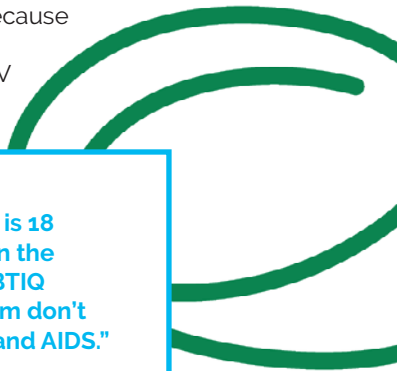


As the PITCH programme officer, part of my role is outreach in the LGBTIQ community. I meet with members of this key population and talk to them about HIV and sexual health, the importance of knowing your status and signposting to services. We also provide treatment and services, so if someone tests positive we bring them to the IAH service for confirmatory testing and immediately place them on treatment.

In 2011, I was a university student and started work as a peer educator with a Nigerian LGBTIQ organisation. I was reaching out to my fellow students, friends of friends, and holding gatherings where we could socialise safely and where I provided condoms and information. It was through this I began to see that a lot of people were dying – many members of the community didn't know their HIV status or were living in denial because of self-stigmatisation. They thought, "What will people think of me? It's bad enough to be gay, what will they think when they get to know I am also HIV positive?" That's how society makes them feel – it's a double stigma.



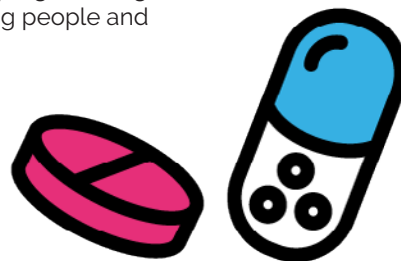
"Legally, the age of consent for HIV testing is 18 without the consent of your guardian. But in the community, there are 14 to 16-year-old LGBTIQ people who are sexually active. A lot of them don't know the risks, they don't know about HIV and AIDS."



Being part of the community myself, I had access to young LGBTIQ people. However, the issue of class continued to be a barrier to accessing support for some people. Some of those at university saw themselves as educated or of a higher class and so didn't want to come to the centre, which they felt was for 'small' people. In response I formed a book club, and gradually I was able to introduce issues of sexual health, give HIV prevention talks, and provide information and HIV testing – that's how I managed to reach this group of LGBTIQ people.

They are vulnerable. Older people, who might know their status is positive but who are living in denial, can meet with these young people; sometimes they will give them some money and expose them to the virus.

With the age of consent as it is there is very little we can do – healthcare service providers can't formally meet with anyone under 18, so we have to try and engage them on an individual level. Recently, I met a 16-year-old boy who was an honours-level student. He was young and already HIV positive but he didn't really know what HIV was. I had to beg him to come to the One Stop Shop (OSS) clinic. He didn't want to come, as he feared his parents would find out. I pleaded with the clinic to place him on treatment and now he is doing ok. But without that one-to-one engagement he would be sick and potentially still transmitting HIV. Targeted programming for adolescents is desperately needed so we can reach these young people and provide prevention support and treatment from an early age.

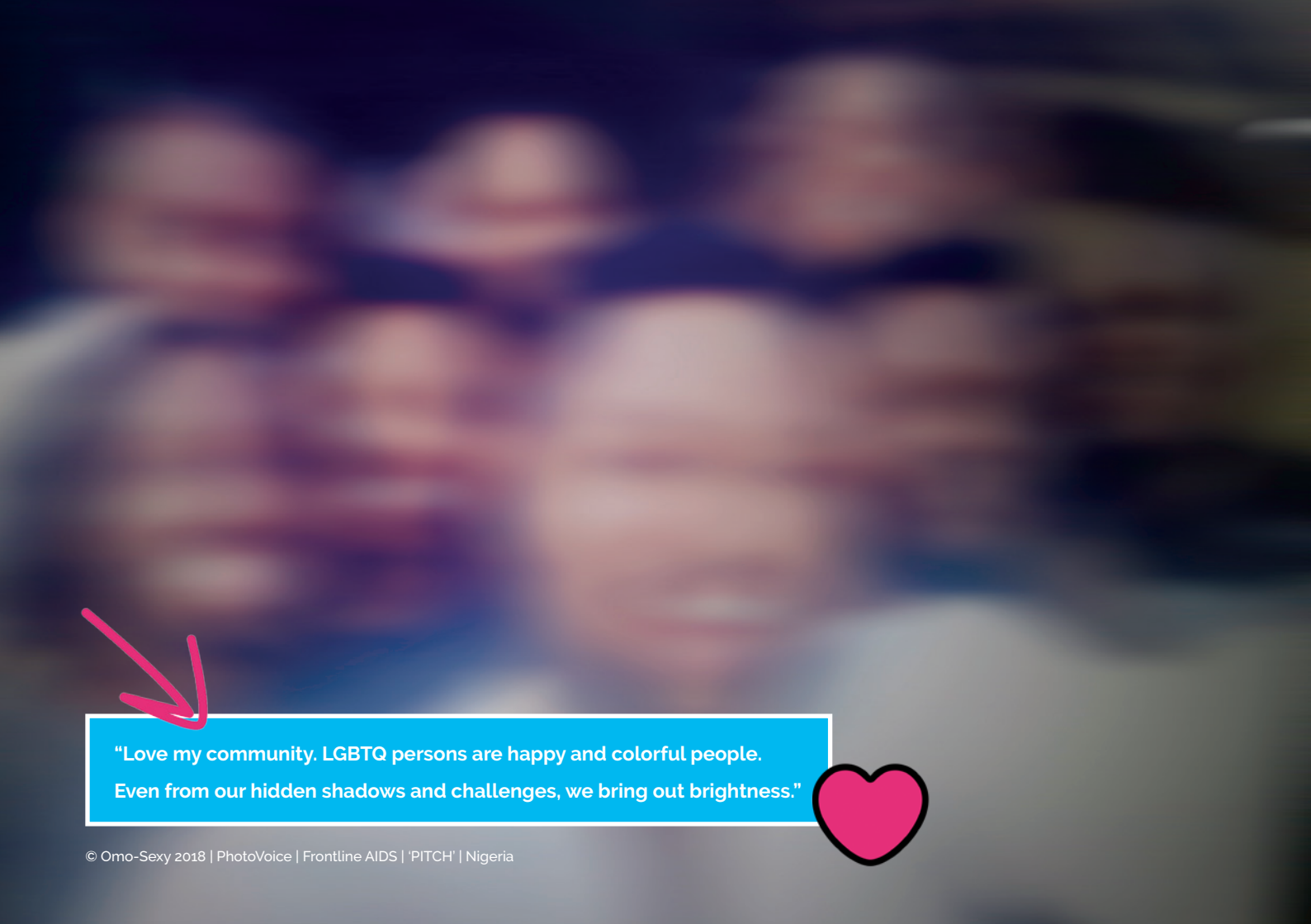


I am from a huge state where large oil companies operate and many of the people who work for them engage with local male sex workers. Without information on sexual health, both parties are exposed to the risk of HIV. Physical distance is a barrier to LGBTIQ accessing services for HIV and sexual and reproductive health and rights (SRHR). Some of them are ready to know their status but have no transport to come for testing or to take their drugs. Someone might be HIV positive and start treatment but, when the time comes for them to test to see if either the drugs are working or there is drug resistance, they are unable to travel to you.



"Violence is a daily experience for LGBTIQ people, who face assault and blackmail. Thus, they fear visiting a health service where they might be outed by the staff."

LGBTIQ and men who have sex with men communities are very mobile. Someone might be in one state one day, and the next day they are thrown out by their landlord or sacked by their employer. And so, they find themselves in another state run by a different local government with a completely different healthcare provision system. This is why we so greatly need more services to provide outreach. If we were able to reach the community, we would greatly reduce HIV transmission and AIDS-related deaths.



"Love my community. LGBTQ persons are happy and colorful people.
Even from our hidden shadows and challenges, we bring out brightness."



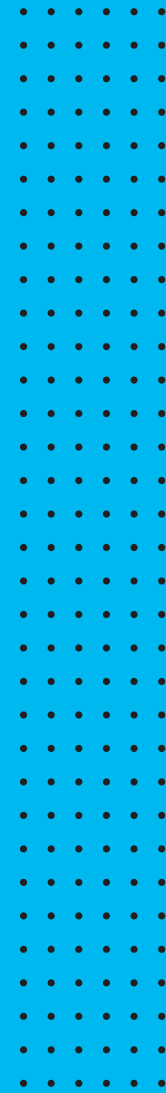


When an LGBTIQ person goes into a state-run clinic for treatment for a sexually transmitted infection the health provider will ask them why they have it. The doctor will say, "this must mean you are a homosexual", and will call in other staff, telling them "you see, this is a gay person, he is not supposed to be here, he is supposed to be dead".

This type of behaviour happens a lot when LGBTIQ people seek SRHR support. It has even been known for healthcare providers to call the police to the clinic when they suspect someone might be gay. Because of this abuse, many LGBTIQ people simply don't access services. Meanwhile One Stop Shop (OSS) clinics do not have the capacity to meet the needs of the entire community.

More worrying though is the low self-esteem this constant harassment and stigmatisation causes. Some young people from the LGBTIQ community are so low and scared they don't keep themselves safe or ask for help – they have been told so often they don't deserve it. They have no voice. This is why we need to build their capacity to help them understand the law and the fact that they have rights and deserve healthcare.

We have seen from some LGBTIQ-friendly and OSS clinics that it is possible to have healthcare services staffed by LGBTIQ community members and LGBTIQ-friendly medical professionals, educators and counsellors. By doing this, we eliminate the stigma that prevents so many of our community accessing healthcare, and which causes so many of our community to self-stigmatise and subsequently die in great numbers. In the closet, in denial; dying of a treatable condition.





"A typical space in Nigeria, but not necessarily a safe for LGBTI persons.

Self-stigma isolates LGBTI people and exposes them to risks. The LGBTI community needs safe spaces and community centres where they can come together to share experiences, skills, and health information and commodities and build self-esteem. A space where LGBTI people can be themselves and where they don't feel alone.

Without information and support, young LGBTI people can't keep themselves safe.

Don't we all deserve a space where we can feel safe?"

We need to be recognised as a key population, to be seen as part of the solution. Because, if you don't include our community in ending AIDS, the cycle will continue – it's like trying to collect water in a basket, it simply won't work.



Reaching out to society to put pressure on the government to programme for the LGBTIQ community – with the involvement of LGBTIQ individuals – is central.



LGBTIQ people have the right to live; it is their human right to live and move around freely, to work and to rent a house. The first thing I tell the young LGBTIQ people I meet in PITCH is to see themselves as human beings.



Yes, you are gay, or you are trans, but that is just a part of who you are. You can also be a lawyer, a doctor, a great person. You are a lot of things, you are a blessing.





JOIN US. END IT.

www.frontlineaids.org