Challenges for the sexual health and social acceptance of men who have sex with men in Nigeria

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Abstract

Little research exists regarding men who have sex with men and sexual risk in Nigeria. Prior to the implementation of a targeted HIV/STI prevalence study, structured focus groups incorporating anonymous questionnaires were conducted with members of this population in secure locations in Nigeria. A purposive sample of men was recruited by word-of-mouth. Five focus groups were conducted with a total of 58 men. Mean age was 27 years (range 16–58); 60% had post-secondary education; 56% were employed full or part-time; 83% were Christian; 16% were Muslim; 66% self-identified as bisexual; 31% as homosexual. Participants' experiences were diverse, with ethnic, religious and class distinctions strongly structuring sexual expression. Same-sex community networks were hidden, with social activities taking place in non-commercial, private venues. Socially ostracized by culture, religion, and political will, the risks embodied within same-sex activity are high. For Nigeria — a nation culturally rich and religiously devout — the implications for public health policy are complex. However, these research findings suggest that immediate action is vital to mitigate the impacts of HIV and other STIs.

Keywords

Nigeria, MSM, Qualitative, Focus groups, Sexual health, Social acceptance

Introduction

Although the prevalence of HIV in parts of sub-Saharan Africa appears to have stabilized in the last few years (in part because of a balance between persistently high levels of new infections and very high levels of AIDS mortality), the region continues to account for an estimated two-thirds (24.5 million people) of the world's population living with HIV. In 2005 alone, an estimated 66% of 4.1 million new HIV infections and 71% of 2.8 million AIDS deaths occurred in sub-Saharan Africa (UNAIDS 2005a, 2006).

Nigeria is the largest country in sub-Saharan Africa and the tenth most populated country in the world. Although predominantly rural, its large cities are densely populated. Estimates of the 2006 population vary from under 125 million to over 150 million people. About 60% of the population live below the relative poverty line and more than 90% earn less than US \$2 a day. Presently, over 40% of all Nigerians are under 15 years of age and, while life expectancy

increased from 45 years in 1963 to 51 years in 1991, the impacts of HIV and AIDS and related infections such as tuberculosis have reversed these previous trends. Thus, in 2001 life expectancy in Nigeria was estimated at 47 years. Sixty percent of new HIV infections within Nigeria occur in young Nigerians and HIV prevalence is highest in those between 15 and 29 years of age (Government of Canada 2006, Government of the USA 2006, UNAIDS 2006).

In a historical trajectory mirroring that of other countries, AIDS was first reported in Nigeria in 1986 and within two decades has proved to be a rapidly changing and insidious epidemic. In 1991, adult HIV prevalence among the general population was estimated to be 1.8%, increasing to 4.5% in 1996, 5% in 2003 and 5.4% in 2004, with the belief that an exponential growth in infection is imminent, to a suggested 9% in 2010 (Government of Canada 2006).

An explanation for the enormous diversity in the prevalence and transmission of HIV within and between Africa and the rest of the world remains largely unfounded in the epidemiology of AIDS. Among various behavioural and biological factors suggested is the role of male same-sex sexual activities. There is considerable evidence that male same-sex sexuality activity is much more prevalent in this region than traditionally thought (Halperin and Bailey 1999, Teunis 2001, Ferguson 2003). In a recent study estimating the number of men who have sex with men (MSM) in low and middle income countries, Cáceres et al. (2006: iii3) report that 'data on HIV transmission through sex between men, and on the incidence and prevalence of HIV and other sexually transmitted infections (STIs) among MSM, are very poor in most of the developing world'. This is reflected within the Nigerian context where there are currently no data on HIV prevalence and risk behaviour among MSM.

Anthropological, sociological, clinical and epidemiological reports reflect a much contested history of male same-sex activities in many African subcultures (Brody and Potter 2003). In sub-Saharan Africa, there were reports of male same-sex sexual practices as early as the 17th century (Murray and Roscoe 1998, Brody and Potter 2003). Yet, given cultural norms and taboos as well as national criminal codes outlawing same-sex sexual activities, such practices are frequently enveloped by denial, secrecy, stigmatization and discrimination. As a result, under-reporting of the breadth of same-sex sexual behaviour and its prevalence occurs in many social and scientific contexts, including research, public health and the media (Beemyn and Steinman 2001, Brody and Potter 2003). Underreporting can be further exacerbated in response to the strong social mores and cultural pressures surrounding procreation that virtually require all African men of reproductive age either to marry or to have female sex partners (Teunis 2001).

As HIV incidence in the region has grown, so too has debate around the evidence related to such behaviour, with a series of discourses which have labelled, or interpreted same-sex sexual activity as Western, colonial, non-African or circumstantial (Murray and Roscoe 1998, Kiama 1999, Brody and Potter 2003, Barker and Ricardo 2005). However, at the end of the day, HIV is not known to be transmitted by representation or interpretation, but rather by behaviour, the risks of which can be mitigated by behaviourally-related knowledge and prevention (UNAIDS 2005b).

Ikpe (2004) suggests that existing discussions on sexuality and sexual risk in Nigeria tend to be framed within heterosexual contexts and centred around socially acceptable expressions of sexuality. The result is that public discussions of sexuality and risk relative to a variety of causal or mitigating factors, such as demography, geography, unemployment, urbanisation, prostitution or transport, tend to be considered only as they apply to gender (men and women) and not sexual orientation. Consequently, in Nigeria, understandings of same-sex sexual activities have received little direct research attention.

The need to understand the specifics of sexuality within Nigerian society and to locate same-sex sexual activity within a continuum of sexual expression, particularly as it relates to HIV, is all the more warranted by the fact that the availability and the accessibility of antiretroviral drugs to treat HIV infection in Nigeria is highly inadequate to meet the needs of people infected with HIV (Quinn 2002). In such a context, where treatment is inadequate, the importance of primary prevention and understanding of how best to attend to such preventive efforts becomes clear.

Methods

This paper reports on qualitative research conducted in Nigeria, which comprised phase I of a multidisciplinary study seeking to examine patterns of male same-sex sexual activities and to understand their potential role in HIV and STI acquisition. The formative research described here reports on focus groups whose aim was to provide in-depth, qualitative understanding of the target population and to assist in the development and conduct of a subsequent quantitative research phase of the project.

The goals of the qualitative research were to explore socio-demographic characteristics, sexual identities and individual and community-level risk experienced by the target population. The discussion groups focussed on understanding the role of sexual identity within the context of Nigerian social life, how sexual identity and behaviour were experienced and concealed and the roles of homophobia, stigma, discrimination and social isolation as factors that may predispose Nigerian MSM to STIs and other physical and social harms.

Working in collaboration with members of the Alliance Rights Nigeria, a Nigerian-based advocacy organisation for sexual minorities, structured focus groups incorporating anonymous self-completed questionnaires were conducted. Male participants were recruited by word-of-mouth. Focus groups were organized by community members and conducted by three researchers. Participants were provided with refreshments and a small honorarium to cover costs associated with attending the focus group discussions. Groups lasted approximately 90 minutes. Discussions took place in secure and appropriate physical contexts within Nigeria, either within space provided by community agencies or in alternative spaces deemed as suitable by key informants. While English was the main language of research activities as it is the country's official language and one most widely spoken and understood, informal translation between English and Yoruba and Igbo (two common indigenous languages) occurred between group members. The research activities were reviewed on ethical grounds by review boards in Canada and Nigeria. Participants provided informed consent. As the research discussed here is sensitive

within a Nigerian context and as the need for complete anonymity is paramount, no identifying markers whatsoever are provided within this qualitative analysis.

The structure and conduct of focus groups was based on methodology suggested by Babbie (1999) and Ritchie and Lewis (2003). Focus group discussions were audio recorded, transcribed and thematically analysed. This included initial coding to identify themes, the addition of a second coding layer to identify broader social concepts and the utilization of a third analytic layer to move from initial concept identification to explanation. Techniques for analysis were further influenced by the grounded theory of Strauss (1987) and the open coding of Strauss and Corbin (1990). Descriptive data analysis of the self-completed questionnaires was compiled using SPSS software.

Results

Five focus groups were conducted with a total of 58 men. Mean age was 27 (see Table 1). A third of the participants (n519) were between ages 16 and 24 and 12.3% (n57) were above age 35. The oldest participant was 48. Almost all men were educated. Thirty-eight percent (n522) had completed secondary education, 22.4% (n513) college or technical school, 29.3% (n517) had completed a lower university degree and 8.6% (n55) had completed postgraduate schooling. Forty-four percent (n525) of the participants were unemployed, 31.6% (n518) were employed full-time and 24.6% (n514) were in part-time employment; 48.3% (n528) were current students. Religious affiliation was described as Christian by 82.8% (n548) and as Muslim by 15.5% (n59). Almost all participants identified with one of two major Nigerian ethnic groups: 56.9% (n533) as Yoruba and 37.9% (n522) as Igbo.

Two-thirds of participants self-identified as bisexual (65.5%; n538) and 31% (n518) self-identified as gay. Almost 44% (n524) of men reported sexual activity with a woman in the previous six months. Eight men (14.5%) reported they had never had sex with a woman. In contrast, all participants reported sex with a man. The mean number of female partners in the previous six months was 1.4, while the mean number of male sexual partners was 5.6.

More than half of the respondents (55.2%; n532) reported knowing no one who had died of AIDS; 27.6% (n516) had known one or two people, 8.6% (n55) knew three or four people and another 8.6% (n55) had known five or more people who had died of AIDS. More than two-thirds of men (68.4%; n539) reported knowing no one currently living with HIV or AIDS; 8.8% (n55) knew one to two people, 12.3% (n57) knew three to four people and 10.5% (n56) knew five or more people currently living with HIV.

Within the focus group discussions men were asked to discuss what it was like to be a man who had sex with men in Nigeria and how homosexuality was considered within the Nigerian society. Men were asked what it was like to grow up and realise one was attracted to members of one's own sex and how such realisation could be experienced within the community, the family and religious institutions. Men were asked to consider general community attitudes to marriage and expectations for marriage from family and community members and to consider how these attitudes could impact on relationships, sexual behaviours and health-seeking behaviours. Men discussed religious beliefs as they related to same-sex sexual behaviour, how

men learned about sex, experiences men might have had at school or within the workplace and how aspects of national and community norms could structure and influence sexual experience. Participants discussed where MSM meet and knowledge, attitudes and behaviour in regards to STIs, including HIV and AIDS. They discussed sexual and cultural practices as they related to STIs and experiences that participants may have had in relation to HIV prevention, as well as access to HIV testing, treatment, care and social support.

Storytelling played a large role within these discussions and men were quick to assume this role, while others within the groups seemed to welcome this. Such a storytelling dynamic was repeated often and was anecdotally described as an element of the research process that men particularly appreciated.

All men agreed that within Nigerian society in general, homosexual behaviour was considered to be taboo and 'like a curse'. It was recognised that Nigeria has a myriad of different cultural and ethnic groups and each could have a somewhat different view so it could depend on which sector of Nigerian society one was considering. Yet, overall, it was clearly expressed that homosexuality was definitely not embraced in Nigeria and that it was not culturally accepted:

'In Nigeria some see it as a taboo, some see it as people who are cursed. Some don't practice it with you, but welcome it and try to understand what you are going through. Gay men in Nigeria have three problems—ignorance, religion and culture.'

Due to negative attitudes to homosexuality in general, there was a great deal of denial and discrimination within Nigerian society and this could prove challenging in terms of day-to-day existence, the ways participants felt obliged to live and the kinds of friends they could be seen to have:

'You can't really know or say who likes you or hates you. You just have to behave neutral to everyone.'

'I believe I was born gay...You can't just wake up in the morning and decide to be gay. All I knew is that I've been attracted to men like me right from childhood.'

'I was battling with myself and didn't tell anyone until about 21 years of age. In high school, I noticed some guys that liked other guys (but) I was careful about all that until I left high school.'

Men took turns describing their experiences growing up with the knowledge that they were attracted to members of their own sex and how and when such knowledge could translate to behaviour. Men tended to agree that, while some initial homosexual behaviour might be circumstantial in that it could occur within certain environments like school settings and some initial experiences could be structured by cultural norms regarding sexuality in general, initial experiences were, overall, a natural evolution in individual self-development:

‘I was 16. I’d see guys on posters...A male cousin came to stay with us. At night, he’d go around naked, and I’d be dying inside me. We were watching movies and we were watching gay guys and I said what’s wrong with being gay and that’s how it started, touching each other.’

The Nigerian family and its role in contextualising the development of sexual identity was discussed frequently. Sometimes the realisation of sexual difference was presented as part of a natural, linear narrative of a life course. At other times individual development and acceptance of same-sex behaviour was experienced as more reactionary; understood and rationalised by core family experiences and by the search for intimacy or as a result of power differentials:

‘When I needed my mum and dad, they were not there for me. It was really painful. I experienced loneliness. I turned to adventure — what do I do to make myself happy? At 13...there were 2 classmates...who...got me sexually aroused and I got to thinking that I have a sense of belonging. I have value. They just walked up to me and saw something in me that my family didn’t.’

Men agreed that evolving an identity that included same-sex sexual activity could depend on how one chose to carry out their activities, that if one were to ‘act in a particular way, they will look at you with total disregard’. In particular, men could be challenged by their families if they were not developing heterosexual friendships and courtships with members of the opposite sex, as reproduction played a very important role in Nigerian family and social life:

‘Because the family is the basic unit of organization.’

‘A typical African family needs continuity. Your parents want you to have a child.’

‘I have been asked by my family, “Where’s your girlfriend?” What are they driving at? They are saying I should have a girlfriend and they have a right to know my girlfriend.’

‘Few of us are married. If you don’t marry at a certain age, they will have it at the back of their mind. They will (discuss it behind) your back.’

‘The biggest problem is that the rejection starts from the immediate family...They see a little bit of femininity in you and ask are you gay? If you say yes, that is the beginning of problems.’

Participants agreed amongst themselves that while social rejection of same-sex sexual behaviour frequently began and was experienced within the family, it was then common for this rejection to be subsequently experienced from other social institutions, such as organised religion, or from the broader Nigerian society. Such experiences, it was felt, could quickly lead to men living double lives. Appearing as heterosexual in their public lives while being homosexually-active in their private lives. Such secrecy was required out of respect for one’s family, for the safety of one’s self and one’s family and in order to attain a measure of social acceptance within one’s social networks:

‘I remember when I was living in (large city). A cousin of mine living with me was very effeminate and one morning, they wrote all over the (housing) estate that homosexuals live at (my house).’

‘I touched (a friend) hoping he might respond. That is what people do. I touched him and he didn’t complain, but in the morning he told my cousin who reported to my uncle...They even told my grandfather about it. That was five years ago and it has made me more careful, to live in secrecy.’

Most participants believed that mothers could be more accepting of a son’s homosexuality, whereas fathers might be more prone to disown them. This seemed to reflect upon broader gender roles within Nigerian society as well as being a testament to the role that children in general and male children specifically could have, as they were known to bestow a certain status:

‘Women don’t want (their) children to be carried out too, so they keep secrets well.’

‘The mother’s (status) in the family depends on the son. The number of sons you have too matters.’

Respondents indicated that Nigerian society tends to be highly religious and regular attendance at religious service is extremely common. Beyond the family and within personal relationships, the stigma and discrimination described by participants was reflected also by their experiences within organised religion. All men agreed that attendance at a church or mosque and the values prescribed by these religious institutions could impact on one’s own self-worth as well as the status that a homosexual or suspected homosexual could have in Nigerian society:

‘(In church) if you tell your pastor you are gay, he (might) encourage you (to talk) and tell you about deliverance. But if you are friends with his brother, he will tell his brother, “That guy is gay, don’t be friends with him again”.’

‘I’ve never met a pastor who says, “It’s okay, go ahead”. A newspaper carried a story of two men caught in the act and the pastor showed the paper to everyone in church and said they should watch their kids because it is an abomination. He condemned it outrightly. I felt bad because I felt he was talking about me. I wanted to challenge him, but I didn’t.’

‘I went to see a priest to talk about (my sexuality). I asked people to help me. The first person said, “Tell me about it”. He asked me how and I was explaining the attraction and he said, “It’s true it’s bad and against the Lord”.’

Participants often spoke of conflicts between their personal religious observations and the positions of religious institutions in respect to the acceptability of homosexuality. Such conflicts could lead to self-questioning as to how — if men were made in God’s image and some men were homosexual — could homosexuality be wrong?

‘God never contacted me when he created me. This is what I am. He created me in his own image. If God gave me an option and I chose to be gay, I’d have a problem with that. But he didn’t give me an option.’

Participants believed it was owing to these overlapping conflicts within the family, amongst communities and across social institutions, that they were drawn to live double lives: as public heterosexuals — through the acquisition of markers of heterosexuality such as girlfriends or wives and children — and a very different and much more covert and private life as homosexuals or bisexuals. It was this second life, the one culturally considered abnormal or deviant, that tended to exist within the shadows of social life and structure:

‘We gays, we don’t look for ladies at all. If you don’t bring girls, why won’t your parents suspect you? I’m in this game¹, deeply into it, but I have a girlfriend and a boyfriend.’

‘If you have a girlfriend and you are in this game, it would be difficult for your neighbours and parents to suspect you...We put all our mind and time in this game.’

‘I tried to live like a straight guy, carry women so I could play along with my group, but that wasn’t what I wanted.’

Societal and family pressure to conform to community norms, as well as the role of children and procreation within family structure, meant that most participants either planned to be or were currently married. Many believed that this was non-negotiable within Nigerian society and others did not see it as being a particular issue at all:

‘At a point the pressure from family, straight friends and neighbours will come in, “You are old enough to get married. What are you waiting for?”...You have no excuse.’

Homosexuality was compartmentalised both by how it was expressed and how it was experienced by MSM, as well as within the broader social world. Because same-sex sexuality was denied, stigma and discrimination were elements of public and private reaction that men lived with on a daily basis:

‘Like if you are (competing) for a job with someone who is hetero, when they find out you are a man who has sex with men you are automatically out of it even if you are qualified.’

‘If you are having a village meeting and the villagers know who you are, they say shut up.’

While some participants did not use Western language to describe arguably Western influenced concepts like stigma, discrimination or homophobia, it was clear that the fear and self doubt they lived with as a result of same-sex sexual identities and behaviour were similarly harmful:

‘We don’t have that personal security in ourselves because of what we are doing and because the society does not accept what we are doing. Maybe somebody knows about my sexuality so we have to pretend to be who we are not.’

‘I was invited to a girl’s birthday party by a gay guy. I saw a guy I liked and when I started talking to him, there was trouble. If I had not left on time, I would have been beaten thoroughly. I was chased away from the party. Most people have been beaten.’

For some, the plight of MSM in Nigeria, their place in society and the family, their human rights under the law and their inability to express themselves freely and liberally across a range of social institutions could be considered secondary, given the realities of some of the social and structural problems experienced in modern day Nigeria. While the realities of the HIV epidemic are an extremely real threat to homosexually and bisexually-active men in Nigeria, it was recognised the virus was an equal, if not a greater threat to all Nigerians, particularly to women and children:

‘We have a lot of problems in Nigeria, so sexual problems cannot come first. We have problems with finances, management. We have social instability. If they say, “Let’s give them their pride, let’s legalize it”, is that the right question? Is it the right time?’

The repression of MSM is not a new phenomenon in recent human history. Whether in Africa or elsewhere, men intent on having sex with one another due to desire or circumstance or a combination of both, have managed for better or worse, to juggle identity and need and behaviour. Because of the focus on the prevention of STIs, including HIV transmission, focus group participants spent some time considering how men went about meeting partners within a conservative society. The Internet is relatively developed within urban areas of Nigeria and Internet cafes are widespread. As in the West and other areas of the world, the World Wide Web was used by men to search for and to meet other men with whom to have sexual relations. For many, the Internet was seen to be ‘the best way’ as ‘there are public cafes all over the place’. Internet dating was seen to be ‘just like a blind date. You might meet a monster and sometimes you meet someone who is appealing to you’. One of the reasons the Internet was used to ‘hook-up’ was that ‘there is no particular place for MSM to meet. You get men and go to your house’. As there are no gay-identified venues per se, men might meet at ‘barbering salons, the beach, restaurants, hotels, fast food joints, schools, universities, nightclubs, uncompleted buildings — even in the toilet’. It was suggested that ‘in Nigeria, sex can take place anywhere because any little opportunity, you have sex’. In discussing HIV prevention and education, all participants agreed that in Nigeria, there was a good level of AIDS awareness among the community of MSM. AIDS was a national problem and affected all elements of Nigerian society:

‘It was from my father that I learnt about STDs. I had education on it from an early age. Condoms don’t prevent AIDS or HIV. (Condoms) can tear in the act. They are not 100% safe, especially Nigerian condoms.’

‘I was told that after sex I should go to the toilet and pass everything out, so I don’t have to use condoms. My friend said I should go for an HIV test and start using condoms. I went and the test was negative. So now, if I have any invitation, I go with condoms.’

Men suggested that there could be variation in condom use:

‘Not everybody’ (would use condoms all the time), ‘not even the majority; a minority.’

It was felt that:

‘Some have heard of (AIDS) but don’t believe it exists...(it is) a cultural thing, their mentality.’

Participants suggested that variation in attitudes to condoms and, subsequently, the use of condoms, could be influenced by the view that condoms were a ‘Western thing’ or were opposed by traditional or formal elements of Nigerian society; that whilst sex was common practice, discussing sex and discussing practices around sex could be difficult and embarrassing:

‘Most people are ashamed. You are going to buy a condom and they have never seen you with a girl and you think in your mind. If you are ashamed, you should buy condoms in another neighbourhood.’

‘I trust myself. I don’t sleep around anyhow. I don’t believe in the use (of) condoms, but I watch who I sleep with.’

Some participants suggested that prevention and education information targeted to a single Nigerian society may not be effective in educating and changing the behaviour of MSM; that there could be variation in education and use between age groups; that ‘the younger ones are more aware’ or that ‘the older ones are too callous to take care of themselves’. Others suggested that there could be different levels of education and application for men who had sex with both men and women and those who had sex only with men, as education and information was targeted to heterosexuals:

‘We don’t have jingles designed for (MSM), so the younger ones do not feel at risk. If you see handbills, hear jingles, you start to sense that it is real. Here, in Nigeria, nobody will come out on TV and say there are men who have sex with men.’

Discussion

Across the African continent there has long been, and continues to be, considerable denial of homosexuality as a self-identity and as a sexual behaviour (Murray and Roscoe 1998, Foreman 1999, Kiama 1999, Teunis 2001, Brody and Potter 2003, Cock 2003, Migraine- George 2003, Graziano 2004, Barker and Ricardo 2005). Homosexuality has been, and largely remains, taboo. When it is acknowledged, it is more likely to be within a context of secrecy or misreporting (Teunis 2001, Brody and Potter 2003) or to be explained as occurring within ‘special circumstances’ where men might be separated from regular partners and women, such as prisons, military, boarding schools and shelters (Kiama 1999).

A frequent reason given for such denial relates to a narrative which holds that homosexuality is Western in origin, that it did not exist in Africa before colonization and that, like other elements of cultural imperialism, its appearance and adoption can be traced to this (Gevisser 2000, Cock 2003, Migraine-George 2003). To counter such beliefs are arguments confirming the existence and practice of homosexual sexual behaviour predating colonization (Gevisser 2000).

The notion that same-sex sexual activity is a Western import dates back to the late 18th century. To its credence, some have argued that a more exclusive rather than fluid African sexual identity has been influenced by contact with the West (Mburu 2000), prior to colonization, African sexual identities may have been more fluid than Western identity constructions (Gevisser 2000). A suggestion that implies it is not same-sex sexual behaviour that has flooded Africa from the West, but rather forms and expressions of same sex sexual identity (Cock 2003). It may be that while Western contact or influence cannot realistically be held responsible for the existence of homosexual behaviour in Africa, it can take some responsibility — as Luirink (2000: iv) has suggested — for giving homosexuality ‘a bad name’ or that it was not homosexuality per se which was brought to Africa by Europeans, but rather a Western intolerance to it (Brody and Potter 2003). Mathuray (2000) has suggested that in Africa, public responses to sexuality and minority sexual orientations can be related to other contested arguments about individual and group identity and that in Africa, sexual orientation has become one of a number of disputed ideological battles with the West. Further, it has been suggested that African sexualities have tended to be studied in regards to how they differ from their Western counterparts as opposed to the unique ways in which sexual diversity may be expressed; that sexuality in Africa has been studied relative to Western norms and expressions around sexual behaviour and consequently has been branded as wild, animal-like, exotic, irrational and immoral—a subdiscipline of ethnography that Gausset (2001:510) has described as bordering on ‘ethnopornography’.

Concurrently, post-development theorists have structured arguments around what one might describe as mechanisms for development, including development for equality among sexual minorities. Such mechanisms, it is suggested, have intentionally or inadvertently functioned to replicate structures of colonial control (Rahnema and Bawtree 1997, Jolly 2000). Elsewhere, one finds explanations which suggest that in many, if not all, African cultures, it is marriage and reproduction that are universally required, not necessarily heterosexual attraction, that African social codes require individuals not to allow same-sex sexual desires or activities to supplant procreation (Murray and Roscoe 1998, Brody and Potter 2003, Graziano 2004). That the social pressures directed at those of same-sex orientations are not concerned with sex roles or the morality of sexual expression, but rather with the family structure and inheritance norms (Murray and Roscoe 1998).

Same-sex sexual behaviour is not taboo within African nations and cultures only, but within many cultures the world over (Gevisser 2000). As Stacey and Biblarz (2001) suggest, the struggles of sexual minorities for recognition and rights, of new family structures and new forms of intimate expression represent some of the most dramatic developments in family patterning in countries in the north and south. Within Nigerian society itself many, if not the majority of, MSM will either get married or have female sex partners in response to the social norms and the strong cultural pressure for procreation. In doing so, many will also experience what Teunis

(2001) has described as a social context that will neither encourage them to disclose same-sex sexual behaviour, nor create an environment where their spouse may be in any way encouraged to consider a plurality of sexual expression.

The ways in which the presentation, experience and understanding of male same-sex sexual behaviour becomes manifest and reified within the Nigerian social world can embody and lead to multiple harms. For Cock (2003), one of the most hurtful of these from a psychological perspective and worrisome from a public-health perspective, is the unnecessarily hostile stigma that accompanies same-sex sexual activity. Even if a case can be made that some homosexual activity, bolstered by new developments in individual and community identity, is influenced by developments in other parts of the world, to suggest that such developments are caused by contact with the West may refrain from recognising the agency of sexual minorities (Gevisser 2000). Gausset (2001) suggests that denying identity has ramifications for the health and well-being of sexual minorities who may not identify with behavioural risk or who may envision nonexistent immunity. For Teunis (2001: 173), limiting accepted wisdom to a ‘two-dimensional binary idea of heterosexuality’ results in the grave danger of restraining the knowledge produced on sexuality in Africa in the era of AIDS. Such denial can only feed the stigmatisation of those who are either behaviourally bisexual or are attempting to manage developing gay and bisexual identities (Murray and Roscoe 1998, Migraine-George 2003).

Limitations

There are several limitations that should be taken into account when considering the results of this research. In general, the men who participated in these focus groups were well educated and resided in urban areas—both characteristics that do not reflect the reality for a significant proportion of the Nigerian population. Further, given the secrecy surrounding much same-sex sexual behaviour in Nigeria, recruitment of men for these research activities was facilitated largely via personal networks. This self-selection may have limited the diversity of MSM in Nigeria represented here. Finally, focus group discussions were only conducted in several cities within Nigeria. Thus, caution is suggested when generalizing these research results to the broader Nigerian population.

Conclusion

The Nigerian historian Eno Blankson Ikpe (2004: 2) writes that ‘history has a way of marginalizing certain aspects of human existence’. In stating this he is suggesting that prior to colonisation, Nigerian cultures had confronted issues of sexuality in ways that cultures tend to do: by developing specific ideas, tolerances and reactions whereby certain behaviours were deemed as ‘appropriate or inappropriate, moral or immoral, abominable or not abominable, healthy or unhealthy’ (Ikpe 2004: 6). If the contested nature of the discourse regarding same-sex sexual activity is not necessarily new, what may be relatively new and arguably a cultural import from the West, is what we have seen develop recently in Nigeria and in other countries within Africa: the advent of a sexual minority subculture where men who identify as gay or bisexual are challenging the institutions that make up modern social structure to recognise their human rights (Gevisser 2000, Altman 2001):

‘The lack of social recognition of same-sex sexuality within Nigerian society is not only reflected in the words and experiences of the participants in the focus groups discussed here. This social position is reflected also in National policy which criminalises homosexuality through sections 214 and 215 of the Nigerian Criminal Code, and through the 1999 constitution which limits the recognition of the rights of sexual minorities.’ (Human Rights Watch 2005)

Yet the status of same-sex sexuality is not only an issue of criminal codes and national practices. It also can be seen to speak to what can be regarded as inalienable human rights. Jonathan Mann (1998) highlighted the importance of the Universal Declaration of Human Rights (United Nations 1948), notably in relation to dignity, in his impassioned declaration that human beings—all human beings—are born equal in their inalienable right to dignity and to freedom. While arguments framed around dignity and human rights have been proffered to be a means by which the social and political rights of same-sex communities can acquire both social and sexual acceptance (Mathuray 2000), the findings from these research activities would suggest that the realities with regards to HIV risk for MSM and inevitably their sexual partners in Nigeria, exist—to some extent—above and beyond any rights-based agenda or any discourse regarding the origins and ethnocentrism of concepts related to same-sex sexuality.

Reid and Walker (2005) have suggested that African sexuality provides a powerful metaphor for the colonial encounter. At once perverse, desirable, subordinate, primitive, pathological and—in contrast to a purportedly civilised Western ‘other’—singular and romanticised. Discussions of African same-sex sexuality tend to reify custom, tradition and community norms as quaintly exotic, while historically static, regardless of parallel Africanist studies that reflect a continental culture and social life that is dynamic and evolving. Regardless of whether one envisions African same-sex sexuality in general and Nigerian same-sex sexuality in particular as being influenced by colonisation, the fact remains that the risks confronting men who participate in same-sex sexual activity in Nigeria and the potential risks facing their families, children and male and female sexual partners are critical. Socially ostracized by elements of culture, social institutions and political will, the risks embodied within these same-sex identities would appear to be unacceptably high.

Acknowledgements

With respect and gratitude to research participants and volunteers. Also with appreciation to the Department of Microbiology, College of Medicine, University of Lagos, the HIV Clinic, Department of Haematology, Lagos University Teaching Hospital. Sulaimon Akanmu of the HIV Clinic, Department of Haematology, Lagos University Teaching Hospital, Maria Wawer of the Mailman School of Public Health, Columbia University, Ronald Gray of the Department of Family Health Sciences, Johns Hopkins University, Robert S. Remis and Jennifer Payne of the University of Toronto, Paul Sandstrom of the National HIV and Retrovirology Laboratories, Public Health Agency of Canada and the anonymous reviewers and staff at Culture, Health and Sexuality. Dan Allman acknowledges the Canadian Institutes of Health Research (CIHR) for a Research Personnel Award. Ted Myers acknowledges the Ontario HIV Treatment Network (OHTN) for a Career Award. Funding for the HIV Social, Behavioural and Epidemiological Studies Unit provided by the AIDS Bureau, Ontario Ministry of Health and Long-term Care, and

the Faculty of Medicine, University of Toronto. Study funding granted by the Canadian Institutes of Health Research.

Note

1. Participants commonly referred to the gay and bisexual life in Nigeria as ‘this game’.

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Table 1. Socio-demographic and behavioural characteristics of a purposive sample of MSM in Nigeria.

	N	%
<i>Education</i>		
None	1	1.7
Secondary	22	37.9
College or Technical	13	22.4
University	17	29.3
Postgraduate	5	8.6
<i>Employment</i>		
Full-time	18	31.6
Part-time	14	24.6
Unemployed	25	43.9
<i>Student</i>		
Yes	28	48.3
No	30	51.7
<i>Age</i>		
16–24	19	33.3
25–34	31	54.4
35 or more	7	12.3
Mean age=27 (median 26)		
<i>Ethnicity</i>		
Yoruba	33	56.9
Igbo	22	37.9
Other	3	5.2
<i>Religion</i>		
Christian	48	82.8
Muslim	9	15.5
Atheist	1	1.7

Country of birth

Nigeria	54	93.1
Other	4	6.9

Sexual identity

Gay	18	31.0
Bisexual	38	65.5
Heterosexual	1	1.7
Transgender	1	1.7

Last time sex with a woman

Within 6 months	24	43.6
6–12 months ago	12	21.8
1–5 years ago	8	14.5
> 5 years	3	5.5
Never	8	14.5

Last time sex with a man

Within 6 months	54	94.8
6–12 months ago	3	5.2

Number of female partners in past 6 months

None	26	45.6
1	10	17.5
2	10	17.5
3	7	12.3
4 or more	4	7.0

Mean number of female partners=1.4 (median 1)

Number of male partners in past 6 months

None	4	7.0
1	9	15.8
2	12	21.1
3	9	15.8
4 or more	23	40.4

Mean number of male partners=5.6 (median 3)

Number of people known who have HIV or AIDS

None	39	68.4
1–2	5	8.8
3–4	7	12.3
5 or more	6	10.5

Number of people known to have died of AIDS

None	32	55.2
1–2	16	27.6
3–4	5	8.6
5 or more	5	8.6